

**EXHIBIT B
TO MASTER HOTEL AGREEMENT
CONFERENCE ROOM, CATERING, EQUIPMENT AND
AUXILIARY ACTIVITIES ADDENDUM**

1. **Hotel:** _____
Hotel Contact information: _____
2. **Name of Event:** _____
3. **Event dates and times:** _____
4. **FIU Department:** _____
Department Contact Information: _____

Hotel agrees that it will provide the space, accommodations and services set forth below.

5. **Conference Room/Event Space.**

Date:	Room:	Room Purpose:	Start Time:	End Time:	# of Guests:	Setup:	Fee:
							\$
							\$
							\$
							\$

6. **Catering Fees – Total Estimate*:** _____
**Detailed description of estimated Catering Fees must be attached to this addendum.
Final amount shall be detailed in a proper invoice submitted to FIU.*

7. **Equipment/Supplies:**

Equipment / Supplies:	Amount Needed:	Date(s) Needed:	Fee:
			\$
			\$
			\$
			\$

8. **Catering/Banquet.** Department will provide written confirmation to Hotel, _____ days prior to the Event, of specific menu selections and prices, meeting room set up requirements, and any other arrangements.

9. **Auxiliary Activities.** OUTLINE ANY ADDITIONAL INFORMATION NOT LISTED ABOVE REGARDING THE EVENT, INCLUDING: ACTIVITY, DATE, TIME, RATE, AND/OR PARTY RESPONSIBLE FOR PAYMENT.

**The Florida International University
Board of Trustees**

Hotel: _____

By: _____
Name: _____
Title: _____
Date: _____

By: _____
Name: _____
Title: _____
Date: _____