



LA SCREENINGS 2020
INDEPENDENTS: MAY 12-14th, 2020
STUDIO SCREENINGS: MAY 14-19th, 2020
INTERCONTINENTAL EXHIBITING SUITE FORM



EXHIBITING SUITE NUMBER(S): _____

NEW EXHIBITOR

COMPANY INFORMATION	
LAST NAME (PLEASE PRINT):	FIRST NAME (PLEASE PRINT):
COMPANY NAME (As it should appear on all public listings):	ON-SITE CONTACT NAMES (WILL HAVE ACCESS TO SUITES):
ADDRESS:	CITY/STATE: COUNTRY/ZIP: Or POSTAL CODE:
PHONE NUMBER:	EMAIL:
ARRIVAL DATE:	DEPARTURE DATE:
NUMBER OF NIGHTS:	IMPORTANT: EXHIBITING ROOMS MUST BE RESERVED AT LEAST 1 DAY PRIOR TO YOUR EXHIBITING ARRIVAL DATE (FOR BED REMOVAL AND SET UP). IF YOU HAVE MULTIPLE SUITES, WE RECOMMEND RENTING 2 DAYS PRIOR TO MEETINGS STARTING.

SUITE TYPES	
<input type="checkbox"/> 1 BEDROOM EXECUTIVE SUITE \$395 + TAX	<input type="checkbox"/> SUPERIOR ROOM BALCONY \$345 (TO USE AS A CONNECTOR TO THE MAIN SUITE)
<input type="checkbox"/> 1 BEDROOM PREMIER SUITE \$645 + TAX	<input type="checkbox"/> DELUXE TERRACE ROOM 1 KING BED \$385 + TAX
<input type="checkbox"/> 1 BEDROOM PREMIER SUITE (WITH TERRACE) \$745 + TAX	<input type="checkbox"/> STUDIO SUITE BALCONY 1 KING BED \$385 + TAX
<input type="checkbox"/> ELITE RESIDENCE SUITE (1 BEDROOM) \$945 + TAX	<input type="checkbox"/> DO NOT REMOVE BED (Someone will be sleeping in the suite)
<input type="checkbox"/> ELITE HONEYMOON SUITE \$1,045 + TAX	

FURNITURE REMOVAL COST			
Bed Only	\$300.00	Bed, End Tables, Desk/Chair	\$525.00
Desk/Chair	\$300.00	Sofa	\$300.00
Bed, Desk & Chair	\$400.00	Night Stand (End Tables)	\$150.00
Living Room Dining Table	\$250.00		

ADDITIONAL ORDERS	REQUIRED	NOT REQUIRED
Audio Visual Needs		
Add Mini Fridge Cost: \$25.00		
Food and Beverage *Please contact RAMONA BURNS @ RAMONA.BURNS@IHG.COM		

IMPORTANT: Check-In is at 3:00 PM. Check-Out is at 12:00 PM. If you need to hold meetings after the 12:00 PM check-out time, you will need to reserve the room for another day.

****Shipments MUST BE addressed to: On-Site Contact, Exhibitor Company Name and Suite Number.**

I hereby authorize THE INTERCONTINENTAL HOTEL to charge my credit card for the **total number of nights** of my stay. I understand that charges are non-refundable if reservation is cancelled. Credit card required at check in for incidentals on the suite.

CARD TYPE:
ACCOUNT #:
EXPIRATION DATE:
CARD HOLDER'S NAME (Please Print):
AUTHORIZED CARD SIGNATURE:

I UNDERSTAND THAT ALL ROOM NIGHTS WILL BE CHARGED AT THE TIME OF SENDING THIS FORM:

SIGNATURE: _____ **DATE:** _____