

## Internet/Phone Request Form



**Order form must be received 30 days prior to the installation date**

Phone: 305-577-1000, Request Conference Services Department

Fax Order Form to: 305-372-4496

Event Name \_\_\_\_\_ Exhibitor Contact Name \_\_\_\_\_

Event Location \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Install Date & Time \_\_\_\_\_ Removal Date & Time \_\_\_\_\_

Exhibit Company Name \_\_\_\_\_ Booth Number \_\_\_\_\_

E-mail: \_\_\_\_\_ Current Date \_\_\_\_\_

PHONE LINES	Quantity Needed	# Days	Advance Order (each per day)	Late Order (each per day)	Total
DID Line with Local & Long Distance			\$ 100.00	\$ 200.00	
DID Line for Credit Card Machine/Fax			\$ 100.00	\$ 200.00	
House Phone			\$ 25.00	\$ 50.00	

**Credit Card Machines and Laptops Must be Configured to Dial "9" to access local/long distance phone numbers**

**For all Guests Staying in the hotel, Wifi access is included in the hotel services fee**

HIGH SPEED INTERNET ACCESS	Quantity Needed	# Days	Advance Order (each per day)	Late Order (each per day)	Total
Wireless (10mbps upload/download average)			\$ 15.00	\$ 25.00	
Hard Line			\$ 200.00	\$ 400.00	

**An Order is Considered Late if Received less than 30 Days Prior to Install**

### CONDITIONS AND REGULATIONS

Prevailing rates for local and long distance calls will apply

Requests must be received 30 days prior to the installation date

**An Order is Considered Late if Received less than 30 Days Prior to Install**

Total	
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I Agree that I will be responsible for all calls made from the above requested phone lines during the period indicated above

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENT

A credit card authorization form must be completed and sent with this form for the order to be processed along with a CLEAR photocopy of the front and back of the credit card and the ID of the card holder

If you are staying at the hotel you may bill the charge to your room by completing the details below

Name of Reservation: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_



### CREDIT CARD GUARANTEE

**A CLEAR PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD AND  
PHOTOCOPY OF CARDHOLDER'S I.D. SHOWING SIGNATURE AS IT APPEARS ON  
THE CARD MUST BE ATTACHED. IF NOT THIS ORDER CAN NOT BE PROCESSED**

**GROUP NAME:** \_\_\_\_\_ **For Attention Of:** \_\_\_\_\_

I \_\_\_\_\_, authorize the Hotel InterContinental  
(Cardholder's Name as it appears on the credit card)

Miami to bill my ( ) AMEX ( ) VISA ( ) MASTERCARD ( ) DINERS ( ) OTHER

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ for the following charges:

- |                              |                           |
|------------------------------|---------------------------|
| ( ) All Charges              | ( ) Banquets/Audio Visual |
| ( ) Guest Room and Tax       | ( ) Business Center       |
| ( ) Guest Incidental Charges | ( x ) Other               |
| ( ) Guest Amenity            | Specify: _____            |

NOTE: The person executing this agreement, and, if applicable, the entity on whose behalf such person is executing this Agreement, shall be jointly and severally liable for payment of all charges incurred pursuant to this Agreement, inclusive of late charges.

**I assume responsibility for the charges of the exhibit internet order:**

**SPECIAL REQUESTS:** \_\_\_\_\_

**BILLING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**CARDHOLDER SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please return via fax to (305) 372-4496**