

**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: \_\_\_\_\_