EXHIBIT A
TO MASTER HOTEL AGREEMENT
GUEST ROOM ACCOMMODATIONS ADDENDUM

1. Hotel: ____________________________________________________________
   Hotel Contact information: ____________________________________________

2. Name of Event: _____________________________________________________

3. Event dates and times: ______________________________________________

4. FIU Department: ____________________________________________________
   Department Contact Information: _______________________________________

5. Guest Room Block. FIU will utilize _______ room nights in the amount/pattern set forth below:

<table>
<thead>
<tr>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms</td>
</tr>
<tr>
<td>1. ___</td>
</tr>
<tr>
<td>2. ___</td>
</tr>
<tr>
<td>3. ___</td>
</tr>
</tbody>
</table>

   Total # of Rooms: ___ ___ ___ ___

6. Room Rates. The Hotel confirms the following rates for the Event:

<table>
<thead>
<tr>
<th>Room Type:</th>
<th>Single Rate</th>
<th>Double Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>2.</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>3.</td>
<td>$____________</td>
<td>$____________</td>
</tr>
</tbody>
</table>

   The additional charge for Triple and Quad occupancy is $ __________ per additional person.

7. Reservation Method and Payment. Check one:

   □ Reservations will be made by **rooming list**. The Department will forward the rooming list to the Hotel on or before _____________ (the “Cut-Off Date”).

   □ Reservations will be made by **individual guests** on or before _____________ (the “Cut-Off Date”).

8. Complimentary Rooms. FIU will receive ______ complimentary guest room(s) during the Event. Unused complimentary guest rooms have no monetary value.

9. Auxiliary Activities. LIST ADDITIONAL TERMS APPLICABLE TO GUEST ROOM ACCOMMODATIONS, SUCH AS AMENITIES TO BE OFFERED BY HOTEL:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

The Florida International University
Board of Trustees

By: ____________________________ By: ____________________________
Name: __________________________ Name: _______________________
Title: __________________________ Title: _______________________
Date: __________________________ Date: _______________________

FIU Master Hotel Addendum
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