

# Exhibitor/Group Housing INSTRUCTIONS

## GENERAL INFORMATION

All sleeping room accommodation for SCTE•ISBE's Cable-Tec Expo® will be handled through SCTE•ISBE/MCI USA Housing. Participating hotels will not honor direct reservations, and published room rates apply only to rooms reserved through the SCTE•ISBE/MCI USA Housing Block.

For each official Cable-Tec Expo® 2018 hotel, fifty percent (50%) of the rooms in the official blocks will be assigned to exhibitor personnel, with the remaining fifty percent (50%) of rooms reserved for attendees.

It is critical that the Society fulfill their commitment to the city of Atlanta and official Cable-Tec Expo® 2018 hotels by honoring the contracted hotel blocks. Hotel blocks are based on the show's history. We rely on a solid citywide sleeping rooms pick up to acquire the exhibit space we need in future Expo cities, and to provide the complimentary amenities our exhibitors have grown accustomed to receiving. **Exhibitors reserving sleeping rooms within the official show block will be awarded additional Priority Points for 2019 booth space selection.\***

\*See Priority Points document for specific points amounts.

## HOUSING ACCOMMODATIONS

Please complete the Exhibitor Housing Block Request Form in its entirety prior to returning it to SCTE•ISBE/MCI USA Housing. Incomplete forms will not be processed. Please make sure that you do not "straight-line" your block. Also, make sure you include accurate arrival and departure dates (see form for example).

Hotels will be assigned as follows for Cable-Tec Expo® 2018: Hotels will be assigned on a first-come, first-served basis depending on the date the housing block form is received. Guest rooms are always subject to availability.

Your Exhibitor Housing Block Request Form is due on or before August 6, 2018. Once you have sent in your request, you will receive a letter and confirmation of your block within five (5) business days.

In addition to online, the Exhibitor Rooming List Form is available in PDF format, so you can fax or mail your rooming list. To complete this information online, use your web identification number. Either way, your rooming list must be completed and returned to SCTE•ISBE/MCI USA Housing no later than August 20, 2018. (If you do not provide all names on this rooming list by August 20, 2018 any rooms held in your block without names will be released for general sale).

Within one (1) week, you will receive a formal rooming list from SCTE•ISBE/MCI USA Housing. Please review the list to ensure all information is accurate. You have until September 28, 2018 to make any changes to your rooming list. After this date, changes will be determined upon hotel availability.

A credit card **guarantee** is required in order to reserve a room. Acceptable credit cards are American Express, Visa and MasterCard only. Hotel may charge credit cards prior to arrival. The **deposit** may be made by check, payable to SCTE•ISBE/MCI USA Housing. (All checks must be in U.S. funds drawn on a U.S. bank).

Please refer to your assigned hotel's policies regarding cancellation, early departures, etc. SCTE•ISBE is not responsible for charges incurred by failure to comply with hotel policy.

If occupants of rooms are known at this time, please submit on the Exhibitor Rooming List Form. Include all of the names, dates of arrival and departure, deposit information and return to SCTE•ISBE/MCI USA Housing. If occupants are unknown at this time, you will receive a block confirmation letter stating your hotel(s) room block location and deadline to submit names.

Please call 866.268.0194 or 972.349.5432 if you have any questions.

## Important! Group Attrition Policy

Should the actual room nights utilized by the exhibiting company be less than ninety percent (90%) of the Total Room Nights booked by August 20, 2018, the Group agrees to pay SCTE•ISBE for the number of sleeping rooms not utilized up to ninety percent (90%) of the Total Room Nights booked.

Example: The Exhibiting Company contracts for one hundred (100) room nights by August 20, 2018. Should the Group actually utilize eighty-five (85) room nights, the Group would need to pay for the number of room nights not utilized up to ninety percent (90%) of the total room nights. i.e.

100 room nights	Guaranteed by Group
90 room nights	Allowable without Penalty
- 85 room nights	Actually Utilized by Group
5 room nights	Variance

Five (5) room nights x cost of room, inclusive of tax and occupancy charges, is the additional dollar amount owed to SCTE•ISBE and is due within thirty (30) days of receipt of invoice.

## Group Cancellation Policy

All group cancellations must be made in writing and sent via mail or fax to:

SCTE•ISBE/MCI USA Housing  
 6100 W. Plano Parkway, Suite 3500,  
 Plano, TX 75093  
 F: 972.349.7715



ATLANTA, GA  
OCTOBER 22-25

GEORGIA WORLD CONGRESS CENTER • OCTOBER 22-25, 2018

# Exhibitor Housing Block REQUEST FORM

**Form will not be processed without signature agreeing to group attrition policies and method of payment.**

Company: \_\_\_\_\_ Booth#: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I agree to the attrition and cancellation policy, and penalties for booking rooms outside the official block as stated in the exhibitor housing instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The contact listed above is the ONLY representative from your company authorized to request rooms or make changes. A request to change the contact name must be made in writing to SCTE•ISBE/MCI USA Housing.

**HOTEL PREFERENCES:** (If your choice isn't available, SCTE•ISBE/MCI USA Housing will place you in a comparable hotel.)

1	4
2	5
3	6

**BLOCK PATTERN:** Please provide a night by night breakdown on your requested room block. Use the actual arrival and departure dates for your block. (Please see example for a block of 14 rooms.) **I would like to manage my block**  Online  Via fax

	Set-up				Exhibit Open			Dismantle
Room Needs	Fri. Oct. 19	Sat. Oct. 20	Sun. Oct. 21	Mon. Oct. 22	Tues. Oct. 23	Wed. Oct. 24	Thu. Oct. 25	Fri. Oct. 26
<b>Example</b>	1	2	5	10	14	14	10	5
Single (1 p./1 bed)								
Double (2 p./1 bed)								
Double/Double (2 p./2 beds)								
Suite								
<input type="radio"/> Guestroom								
<input type="radio"/> Hospitality								
People # _____								

A credit card **guarantee** is required to reserve room(s). Hotel may charge credit cards prior to arrival. A **deposit** may be made by check, payable to SCTE•ISBE/MCI USA Housing. (All checks must be in U.S. funds drawn on a U.S. bank.)

<p><b>FORM OF GUARANTEE/DEPOSIT:</b></p> <p><input type="radio"/> Check Payable to SCTE•ISBE/MCI USA Housing</p> <p><input type="radio"/> American Express <input type="radio"/> MasterCard <input type="radio"/> Visa</p> <p>Amount Enclosed \$ _____</p>	Cardholder name: _____
	Signature: _____
	Card number: _____ CVV# _____
	Expiration date: _____

**THIS FORM MUST BE RECEIVED AT SCTE•ISBE/MCI USA BY AUGUST 6, 2018.**

SCTE•ISBE/MCI USA Housing | 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093  
 866-268-0194 | 972-349-5432 | Fax: 972-349-7715 | E-mail: scte-isbe@mcievents.com | expo.scte.org



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# Affiliate Housing Block REQUEST FORM

Form will not be processed without signature agreeing to group attrition policies and method of payment.

Company: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Street/PO Box

City

State

Zip Code

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I agree to the attrition and cancellation policy, and penalties for booking rooms outside the official block as stated in the exhibitor housing instructions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The contact listed above is the ONLY representative from your company authorized to request rooms or make changes. A request to change the contact name must be made in writing to SCTE•ISBE/MCI USA Housing.

**HOTEL PREFERENCES:** (If your choice isn't available, SCTE•ISBE/MCI USA Housing will place you in a comparable hotel.)

1	4
2	5
3	6

**BLOCK PATTERN:** Please provide a night by night breakdown on your requested room block. Use the actual arrival and departure dates for your block. (Please see example for a block of 14 rooms.) I would like to manage my block  Online  Via fax

	Set-up				Exhibit Open			Dismantle
Room Needs	Fri. Oct. 19	Sat. Oct. 20	Sun. Oct. 21	Mon. Oct. 22	Tues. Oct. 23	Wed. Oct. 24	Thu. Oct. 25	Fri. Oct. 26
<b>Example</b>	1	2	5	10	14	14	10	5
Single (1 p./1 bed)								
Double (2 p./1 bed)								
Double/Double (2 p./2 beds)								
Suite								
<input type="radio"/> Guestroom								
<input type="radio"/> Hospitality								
People # _____								

A credit card **guarantee** is required to reserve room(s). Hotel may charge credit cards prior to arrival. A **deposit** may be made by check, payable to SCTE•ISBE/MCI USA Housing. (All checks must be in U.S. funds drawn on a U.S. bank.)

### FORM OF GUARANTEE/DEPOSIT:

- Check Payable to SCTE•ISBE/MCI USA Housing
  - American Express  MasterCard  Visa
- Amount Enclosed \$ \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Signature: \_\_\_\_\_

Card number: \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration date: \_\_\_\_\_

**THIS FORM MUST BE RECEIVED AT SCTE•ISBE/MCI USA BY AUGUST 6, 2018.**

SCTE•ISBE/MCI USA Housing | 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093  
866-268-0194 | 972-349-5432 | Fax: 972-349-7715 | E-mail: [scte-isbe@mcievents.com](mailto:scte-isbe@mcievents.com) | [expo.scte.org](http://expo.scte.org)



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# Exhibitor Group Rooming LIST FORM

If the total block is reduced significantly after August 20, 2018, penalties in excess of one night's deposit will be incurred (see Exhibitor Housing Instructions, Group Attrition Policy). Additional penalties will be incurred for housing ANY or ALL rooms outside the official hotel block.

**PLEASE TYPE**

Company: \_\_\_\_\_ Booth#: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Street/PO Box City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name	Room Type	Arrival Date	Dept. Date	Roommate Names/ Special Requests
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Reproduce or duplicate this form as needed. If multiple credit cards are being used, please attach duplicate form.

A credit card **guarantee** is required to reserve room(s). Hotel may charge credit cards prior to arrival. The **deposit** may be made via credit card or check, payable to SCTE•ISBE/MCI USA Housing. (All checks must be in U.S. funds drawn on a U.S. bank.)

**FORM OF GUARANTEE/DEPOSIT:**

Check Payable to SCTE•ISBE/MCI USA Housing

American Express  MasterCard  Visa

Amount Enclosed \$ \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Signature: \_\_\_\_\_

Card number: \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration date: \_\_\_\_\_

**THIS FORM MUST BE RECEIVED AT SCTE•ISBE/MCI USA BY AUGUST 20, 2018.**

SCTE•ISBE/MCI USA Housing | 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093

866-268-0194 | 972-349-5432 | Fax: 972-349-7715 | E-mail: [scte-isbe@mcievents.com](mailto:scte-isbe@mcievents.com) | [expo.scte.org](http://expo.scte.org)



Changes or substitutions must be made on this form and returned to SCTE•ISBE/MCI USA Housing by September 28, 2018. If the total block is reduced significantly after August 20, 2018, penalties in excess of the one night's deposit will be incurred (see Exhibitor Housing Instructions; Group Attrition Policy). You may contact SCTE•ISBE/MCI USA Housing for an update on room availability at each hotel. If the room is being shared, please indicate if both reservations are to be changed.

**PLEASE TYPE**

Company: \_\_\_\_\_ Booth#: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street/PO Box City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CHANGE FROM:**

1 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

2 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

3 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

4 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

5 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

6 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

7 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

8 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Attach duplicate forms as needed.

**CHANGE FROM:**

1 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

2 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

3 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

4 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

5 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

6 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

7 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

8 Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**SPECIAL REQUESTS:**

THIS FORM MUST BE RECEIVED AT **SCTE•ISBE/MCI USA BY SEPTEMBER 28, 2018.**

SCTE•ISBE/MCI USA Housing | 6100 W. Plano Parkway, Suite 3500, Plano, TX 75093  
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