

# Exhibit E

**Claim Form**

This claim form must be submitted online at **URL TBD** or mailed to the Settlement Administrator at:.

If submitting your claim form online, it must be completed and submitted no later than **[Date]**. If submitting your claim form via postal mail, it must be postmarked no later than **[date]**.

**I. Class Member Information**

First Name	M.I.	Last Name
Mailing Address, Line 1: Street Address/P.O. Box		
Mailing Address, Line 2		
City	State	Zip Code
Preferred Telephone Number		
Email Address		

**II. Approximate Date(s) of Visit to IHG's website**

Please answer the following questions.

1. Are you legally blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you visited the Inter-Continental Hotels Corporation (IHG) website ( <a href="https://www.ihg.com/hotels/us/en/reservation">https://www.ihg.com/hotels/us/en/reservation</a> ) with the intention of visiting an IHG property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. During your visit to the Defendant's website ( <a href="https://www.ihg.com/hotels/us/en/reservation">https://www.ihg.com/hotels/us/en/reservation</a> ), were you unable to complete a purchase despite exercising reasonable diligence, or did you otherwise had unreasonable difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No

completing a purchase as a result of your legal blindness?	
4. In what state(s) were you living when you visited the Defendant's website ( <a href="https://www.ihg.com/hotels/us/en/reservation">https://www.ihg.com/hotels/us/en/reservation</a> )?	_____
5. What were the approximate dates of your visit to the Defendant's website ( <a href="https://www.ihg.com/hotels/us/en/reservation">https://www.ihg.com/hotels/us/en/reservation</a> )? If you visited the website from more than one state, please specify which dates correspond with each state.	_____

**III. Attestation and Signature**

I declare under penalty of perjury that I am legally blind and that the information provided in this Claim Form, to the best of my knowledge, is true and correct.

Signature	Date of Signature (MM/DD/YYYY)
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