



HOTEL RESERVATION FORM

Please complete the information below and the attached form containing the needed information for each room reservation. You may also download an Excel version of the attached form from the region's website.

Chapter Name: _____

Contact Person: _____

Street Address: _____

City, State & Zip: _____

Phone Number: _____

Email: _____

Please mail/fax to:

Shelly Hughes
238 Bell Dr
Cary, IL 60013
Fax: 847-516-6868

Forms are due by March 15, 2016