



## HOTEL RESERVATION FORM

Please complete the information below for each room reservation.

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 February 28, 2018**

# Hotel Reservation Form

# Chorus:

#	NAME		CREDIT CARD		DATES		NOTES
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