



HOTEL RESERVATION FORM

Please provide your housing coordinator information below. This person will interact with our convention team and will receive the confirmations.

Chapter Name: _____

Contact Person: _____

Street Address: _____

City, State & Zip: _____

Phone Number: _____

Email: _____

On the following pages, please complete the information for each reservation – names, credit card and dates of arrival & departure. The lines are numbered with four lines for each reservation. Only one credit card per reservation is needed. Please list the member with the credit card on the first line of each reservation.

Please mail/fax to:

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

Forms are due by February 15, 2019

Hotel Reservation Form

Chorus:

#	NAME		CREDIT CARD		DATES		NOTES
	LAST	FIRST	NUMBER	EXP	ARRIVE	DEPART	
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