

ROTOPLAS™'08 HOTEL INFORMATION & RESERVATION FORM

INSTRUCTIONS: Please read thoroughly before completing form. Type or Print clearly. Fax form to the number listed after your selected hotel.
HOTEL RESERVATION FORM MUST BE RECEIVED BY September 28, 2008
FOR ADDITIONAL RESERVATIONS PLEASE DUPLICATE THIS FORM.



Host Hotel



1. Hyatt Regency O'Hare

Tel: 847-696-1234 or 1-800-233-1234
\$189 single/double
9300 Bryn Mawr Avenue, Rosemont, IL
*Connected via covered skyway to
Convention Center*
www.ohare.hyatt.com
Online Group Code: G-Roto

2. Holiday Inn Select O'Hare

Tel: 847-954-8600
\$159 single/double
10233 West Higgins Road,
Rosemont, IL
1.5 miles to Convention Center
www.ichotelsgroup.com/h/d/sl/1/en/
hotel/CHIRT/welcome

3. Best Western O'Hare

Tel: 847-296-4471 or 1-800-528-1234
\$109.95 single/double
10300 W Higgins Road, Rosemont, IL
2 miles to Convention Center
[http://book.bestwestern.com/
bestwestern/productInfo.do?
propertyCode=14092](http://book.bestwestern.com/bestwestern/productInfo.do?propertyCode=14092)

OCCUPANTS & ROOM TYPE: Room Type S (1 person/1 bed), DBL (2 persons/1 bed), DBL/DBL (2 persons/2 beds)

Occupant Name	Room Type	Arrival Date	Depart Date	# of nights
Room #1 _____	_____	_____	_____	_____
Room #2 _____	_____	_____	_____	_____
Room #3 _____	_____	_____	_____	_____
Room #4 _____	_____	_____	_____	_____

All rooms are Non-smoking. Special Needs: _____

RESERVATION GUARANTEE: Reservations must be guaranteed using a credit card. Check one only. This authorizes the hotel to charge your account for the first night's deposit for each reservation only.

American Express Visa MasterCard Discover Diners Club

Credit Card # _____ Expiration Date _____

Name on Card _____ Signature _____

I authorize the hotel to charge my account for the first night's deposit for each room reservation only. Show Management and (YOUR) Housing Bureau accept the reservation and credit card information for the hotel and in no way have any responsibility for liability and recourse is solely to the hotel.

SEND CONFIRMATION TO: Write the name/address of the contact person to whom the hotel should send the confirmation.

Contact Name _____

Company _____

Street Address _____

City _____ State _____ Zip/Postal Code _____

Country _____ email _____

Phone _____ Fax _____