

A limited amount of rooms are available. Register today! Fax to Nancy at 847-278-5422.

## RETAILER HOTEL RESERVATION

Please fill out one form for EACH room

\*represents a required field

\*Store/Company Name: \_\_\_\_\_

\*What name should we reserve this room under? \_\_\_\_\_

\*Check in date: \_\_\_\_\_ - \_\_\_\_\_

\*Check out date \_\_\_\_\_ - \_\_\_\_\_

\*Number of Rooms: \_\_\_\_\_

\*Check one:  Single Bed  Double Bed

### Billing Information

\*Billing Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

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\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Type of card:  Visa  MasterCard  American Express  Discover

\*Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_ - \_\_\_\_\_

\*How would you like us to contact you when we receive your confirmation number from the hotel?

Email (preferred)  Phone  Fax

\*Please enter the appropriate email address, phone number, or fax number corresponding to your previous choice. \_\_\_\_\_

Special Requests??

\_\_\_\_\_

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Please note: If the person checking into the room is not a registered user of the credit card provided, and the credit card holder will not be present at check-in, you will need to fill out a separate credit card authorization form for the hotel. Please let us know in the special requests section if you need one of these forms and we will send you one when your hotel is determined.

CHICAGO SHOE EXPO OFFICE USE ONLY:

Confirmation number: \_\_\_\_\_