

## FACULTY ROOM RESERVATION

**INSTRUCTIONS:** Please complete this room reservation form at your earliest convenience so that your reservation may be updated to reflect your request as completed below as soon as possible. Please submit completed form to Jacquelyn Fernandez at [jfernandez@diamondheadache.com](mailto:jfernandez@diamondheadache.com). For any questions, please feel free to contact us at (773) 388-6382.

### FACULTY/SPEAKER INFORMATION

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 OFFICE # \_\_\_\_\_ OFFICE FAX # \_\_\_\_\_  
 HOME # \_\_\_\_\_ MOBILE # \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 SECONDARY CONTACT \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

### RESERVATION DETAILS

LOCATION | [The Westin Michigan Avenue Chicago](#)  
 909 North Michigan Avenue Chicago  
 Chicago, Illinois 60611

CHECK IN DATE \_\_\_\_\_ CHECK OUT DATE \_\_\_\_\_ # NIGHTS \_\_\_\_\_

PREFERRED ROOM TYPE:  STANDARD – 1 KING  STANDARD – 2 DOUBLE/QUEEN

# GUESTS: \_\_\_\_\_ *\*Please indicate name & age for each additional guest below.  
 Please note that there may be additional fees per person per night at your own expense.*

1) GUEST NAME _____	<input type="checkbox"/> ADULT (18+)	<input type="checkbox"/> CHILD – AGE: _____
2) GUEST NAME _____	<input type="checkbox"/> ADULT (18+)	<input type="checkbox"/> CHILD – AGE: _____
3) GUEST NAME _____	<input type="checkbox"/> ADULT (18+)	<input type="checkbox"/> CHILD – AGE: _____
4) GUEST NAME _____	<input type="checkbox"/> ADULT (18+)	<input type="checkbox"/> CHILD – AGE: _____