

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. 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 | **LOEWS CHICAGO HOTEL**
 Downtown Chicago - Streeterville
 455 North Park Drive, Chicago, IL 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: _____