

FACULTY ROOM RESERVATION

INSTRUCTIONS: Please complete this room reservation form as soon as possible so that reservations can be made to reflect your request as completed below. Please note that Diamond Research & Educational Foundation will only cover your hotel stay for the days you're presenting (room rate and tax). You will be responsible for any remaining days outside of your scheduled lectures. Please submit completed form to Theresa Holmes at twhite@diamondheadache.com. For any questions, please feel free to contact us at (773) 388-6383.

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 : **Sofitel Hotel Chicago Magnificent Mile**
 20 E Chestnut St. Chicago, IL 60611

CHECK IN DATE _____ CHECK OUT DATE _____ # NIGHTS _____

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

GUESTS: _____ **Please indicate name and 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: _____