

RESERVATION REQUEST FORM

**SCTC/Soc of Communication Technology Consultants**

**Monday, November 18-Thursday, November 21, 2019**

PLEASE PRINT OR TYPE:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (If there is a 2nd adult attending): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre Conference (11/17/19) Room Rate= $165.00 per room\***

**Conference Single Rate (11/18, 11/19, 11/20) = 177.00 per person per night\***

**Conference Double Rate (11/18, 11/19, 11/20) = $94.50 per person per night\***

 **Post Conference (11/21/19) Room Rate = $165.00\***

\*Rates above are also subject to tax per night

All requests are subject to availability of the contracted room block. Reservation forms received after the cutoff date of **October 18, 2019** are subject to availability and may not qualify for the discounted group rate.

Arrival Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bed Preference (Based on Availability). Please Check One.

1 King Bed \_\_\_\_ 2 Queen Beds \_\_\_\_ King Accessible \_\_\_\_

Please provide your email address for confirmation information (Confirmation will be sent within 48 hours):

⁫Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please guarantee my reservation with credit card as indicated below. This card is for guarantee only.

⁫ American Express ⁫ Visa ⁫ MasterCard ⁫ Discover

Card#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on the Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cancellation Policy:

If you find it necessary to cancel or change plans, please inform us by 3:00pm Central Standard Time 48 hours prior to your arrival to avoid a one night’s room and tax charge to your credit card.

**Initial here to accept the cancellation policy:\_\_\_\_\_\_\_\_**

Please return this completed form with your credit card information to our reservation department by one of the following ways.

|  |  |
| --- | --- |
| Mail: | Email: |
| Attn: ReservationsEaglewood Resort & Spa1401 Nordic RoadItasca, Illinois 60143 | reservations@eaglewoodresortchicago.com |

**\*Incomplete forms will not be processed\***