



RESERVATION REQUEST FORM
DiscoverLink Client Conference
Monday, 4/24/17 - Wednesday, 4/26/17
Single Room

NAME: _____ PHONE: _____
ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____

Conference Package Rate (4/25 and 4/27) = \$159.00 per night*

*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 **March 23, 2017** 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:	Phone # and Email:
Attn: Reservations Eaglewood Resort & Spa 1401 Nordic Road Itasca, Illinois 60143	Direct #: 630-773-1400 reservations@eaglewoodresortchicago.com Fax 630-694-6096

If you have any further questions regarding your room reservation, please contact our In-House Reservations. You can contact us directly at the number or email listed above. *Incomplete forms will not be processed*



RESERVATION REQUEST FORM
DiscoverLink Client Conference
Monday, 4/24/17 - Wednesday, 4/26/17
Double Rooms (2 conference attendees in a room)

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

Conference Package Rate (4/24 and 4/25) = \$94.00 per person, per night*

*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 **March 23, 2017** are subject to availability and may not qualify for the discounted group rate.

Arrival Date _____ Departure Date _____

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.

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