



RESERVATION REQUEST FORM
Discoverlink Customer Conference
Monday, 10/8/18 - Wednesday, 10/10/18
Single Room

PLEASE PRINT OR TYPE:

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

Conference Package Rate (10/8 and 10/9) = \$174.00 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 September 13, 2018 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.

Table with 2 columns: Mail, Phone # and Email. Mail: Attn: Reservations, Eaglewood Resort & Spa, 1401 Nordic Road, Itasca, Illinois 60143. Phone # and Email: 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 Customer Conference
Monday, 10/8/18 - Wednesday, 10/10/18
Double Rooms (2 conference attendees in a room)

PLEASE PRINT OR TYPE:

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

Conference Package Rate (10/8 and 10/9) = \$101.00 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 **September 13, 2018** 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.

American Express Visa MasterCard Discover

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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

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