

CHEST 2009 Hotel Reservation Request Form • EXHIBITOR

Reservations must be received at the CHEST 2009 Housing Bureau on or before Thursday, September 3, 2009. Reservation requests after this date will be subject to availability. Sleeping rooms are subject to a hotel tax, which is currently 12.5%. Provide the following information for the group contact person, and please print clearly.

Exhibiting Company Name _____

First Name _____

M.I. _____

Last Name _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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() _____

Daytime Phone _____

Fax _____

E-mail _____

Accommodations

Attach a list providing the following information:

Exhibiting company name _____

Name(s) of individual(s) _____

Arrival date _____

Departure date _____

Type of room accommodation

- Single—1 person, 1 bed
 Double/Double—2 people, 2 beds
 Double—2 people, 1 bed
 Nonsmoking or smoking room
 ADA compliant room
 Other

Name(s) of additional room occupant(s) _____

Every effort will be made to meet the accommodations you request, but they cannot be guaranteed. Additional person charges may be added if the room is occupied by more than two people.

Payment/Placing Reservations

All reservations must be made using this form. All changes must be made in writing. A deposit of \$600 per room or suite is required to confirm each reservation. Credit card information or check must accompany all reservations. Credit cards are charged immediately. Checks should be made payable to CHEST 2009/Experient and must be in US dollars drawn on a US bank. Deposit is fully refundable on or before September 3. Your entire deposit will be forfeited on cancellations after September 3, 2009, or for failure to check in (no show). After September 3, all reservation changes resulting in a reduction of total room nights stayed will forfeit \$150 per room from each deposit. Early departures will forfeit \$150 per room from the deposit.

- Check or money order payable to CHEST 2009/Experient is enclosed.

Amount: \$ _____

- Charge \$ _____ to my:

- American Express Discover
 MasterCard VISA

Card Number _____

Exp. Date _____

Cardholder's Name _____

Cardholder's Signature _____

Hotel Information

Indicate your hotel choices in order of preference by placing numbers 1 through 4 next to the appropriate selection.

_____ **Grand Hyatt**
 _____ Headquarters Hotel
 _____ Single/Double \$284

_____ **Marriott Marina**
 _____ City View Single/Double \$266
 _____ Bay View Single/Double \$291

_____ **Hilton Bayfront**
 _____ Single/Double \$302

Submit your request:

Fax (credit card only) US or Canada: (800) 521-6017
 International: +1 (847) 996-5401

Mail CHEST 2009/Experient
 568 Atrium Drive
 Vernon Hills, IL 60061-1731

Questions? Mon-Fri, 8:00 AM - 5:00 PM, CT
 US or Canada: (800) 967-4590
 International: +1 (847) 996-5875