s.t.e.p. 2017
SALES TRAINING EDUCATION PURCHASING

Manufacturer's Rep Hotel Request Form

Sheraton Chicago O'Hare, Rosemont, IL

_____ King Bed Suite (1 King Bed) 1 person $142.00 per room/night

_____ Double Bed Suite (2 Dbl Beds) 2 people $152.00 per room/night – additional person $25/night

_____ Total number of rooms required

Firm _____

Address_____

City, State, Zip_____

Phone_____ Fax _____

Contact Person _____

*Notes: Hotel rooms must be booked for a minimum of two nights and guaranteed on your credit card. Room reservations must be made by the deadline date of **June 8, 2017**. Cancellation 72 hour advance notification – to the hotel – required.*

Sleeping Room Requirements:

Please provide names of all persons occupying suites. Indicate names of persons sharing suites. Please print clearly.

Name	Check IN-Check OUT* Month/ Day - Month / Day	Sharing With
_____	IN___/___ OUT ___/____	_____
_____	IN___/___ OUT ___/____	_____
_____	IN___/___ OUT ___/____	_____

***If no dates are listed, hotel will assume arrival on Monday, July 17 with a Friday, July 21 check-out and will bill accordingly. REMINDER – check-in is at 3 PM, check-out is 12 Noon. If you NEED the room earlier than 3 PM, or NEED to stay later than 12 Noon, you must book the room AND your appointments accordingly.**

FOR HOTEL RESERVATION USE ONLY

MC VISA AMEX DISCOVER Credit Card #_____ exp date _____

Name on Credit Card _____

Billing Address for Credit Card _____

_____ ZIP_____

Any questions please call Nancy or Jerri at 860.767.7898

Complete this form and return it to: **National Marine Distributors Association**

37 Pratt Street ◦Suite 2 ◦ Essex CT ◦ 06426-1159 ◦ Tel: 860.767.7898 ◦ Fax: 860.767.7932 info@nmdaonline.com, nmdaonline.com