



Manufacturer Rep Hotel Request Form Sheraton Chicago O'Hare, Rosemont, IL

_____ King Bed Suite (1 King Bed) 1 person \$156.00 per room/night
_____ Double Bed Suite (2 Dbl Beds) 2 people \$166.00 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 11, 2018**. 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*	Sharing With
	Month/ Day - Month / Day	
_____	IN ___/___ OUT ___/___	_____
_____	IN ___/___ OUT ___/___	_____
_____	IN ___/___ OUT ___/___	_____

***If no dates are listed, hotel will assume arrival on Monday, July 23 with a Friday, July 27 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 Dana at 860.767.7898
Complete this form and return it to: **National Marine Distributors Association**