Manufacturer Hotel Request Form

Embassy Suites by Hilton O'Hare, Rosemont, IL

Conference Suite Requirements

_____ King Bed Suite (1 King Bed) 1 person $179.00 per room/night

_____ Double Bed Suite (2 Dbl Beds) 2 people $179.00 per room/night – additional person $25/night

_____ I/We would like a 6' table @ $25 in this room

_____ I/We would like to rent additional chairs (2 chairs included) @ $8 each _____

____ I/We will sleep in this suite _____ I/We will NOT sleep in this suite

Check in date for Conference Suite __/__/__ Check out date for Conference Suite __/__/__

(*Individual information noted below)*

Conference Suite reserved under (name of individual, not company)_____

Name(s) of person(s) sharing Conference Suite (if applicable) _____

Firm_____

Address_____

City, State, Zip_____

Phone _____ Fax _____

Contact Person_____

*Notes: Conference rooms must be booked for a minimum of two nights and guaranteed on your credit card. Conference room reservations must be made by the deadline date of **June 10, 2019**. Rooms are guaranteed on your credit card. Double bed suites are not guaranteed, (limited number available). Cancellation 72 hour advance notification – to the hotel – required.*

Additional Sleeping Room Requirements (do NOT include Conference Suite above)

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

Name _____ Arrive-Depart* __/__/__ - __/__/____ Sharing With _____

Name _____ Arrive-Depart* __/__/__ - __/__/____ Sharing With _____

Name _____ Arrive-Depart* __/__/__ - __/__/____ Sharing With _____

Total number of Suites we will require – *including* conference suite _____

***If no dates are listed, hotel will assume arrival on Monday, July 15 with a Friday, July 19 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 SUITE RESERVATION USE ONLY

MC VISA AMEX DISCOVER Credit Card #_____ exp date _____

Name/Billing Address for Credit Card _____

_____

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

37 Pratt Street · Suite 2 · Essex, CT 06426-1159

Any questions please call Nancy or Dana at 860.767.7898