

Hotel Request Form

Program Information

Program: **Women's Health Annual Visit®**
Date: **Friday, November 8, 2019**
Venue: **Sheraton Grand Chicago**
Location: **301 East North Water Street
Chicago, IL**

Guest Room Request

Room reservations at the host hotel are subject to availability. All hotel request forms must be received by October 14, 2019. To guarantee your guest room reservation, credit card information is required below. The group room rate is \$199.

Check-in Date: _____ Check-out Date: _____

Names of hotel guest: _____

Special request: _____

Check-in Date: _____ Check-out Date: _____

Name of hotel guest: _____

Special request: _____

Credit Card Information

Name: _____

(Please print name as it appears on credit card)

Company Name: _____

Payment Method Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Phone: _____ Email: _____

By signing below, I understand that the credit card provided above will be used to secure a guest room reservation based on my request above. I will be responsible for all room, tax and incidental charges, including any change or cancellation fees as imposed by the venue.

Signature: _____ Date: _____

Please return form to Jessica McGrory at jmcgrory@omnia-prova.com
