

2015 II-VI Workshop
US Government/University Hotel Room Reservation Form
Embassy Suites Chicago Downtown/Lakefront
Chicago, IL

October 5-8, 2015

Reservation Deadline: September 12, 2015

Room rate: \$194 per night – subject to change

Title: Dr. Mr. Ms.

First Name: _____

Last Name: _____

Affiliation: _____

Phone No: _____

Email: _____

Check-In date: _____

Check-out date: _____

Room Type: King bed Two Double beds

Smoking Preference: Smoking Non Smoking

Sharing with (print name): _____

Credit card type: _____

Credit card number: _____

Expiration date: _____

Mail, Email or Fax to:

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