



ISHLT HOUSING FORM:

Reservations may be made using this Housing Form or by telephone by calling Hilton Reservations toll free at 877-865-5320, or on the Hilton Chicago reservation link <http://www.hilton.com/en/hi/groups/personalized/CHICHHH-HLT-20100419/index.jhtml>

Please use one form to reserve one room. You may photocopy this form to reserve additional rooms. Reservations forms must be received by the Hilton Chicago with one night's deposit no later than March 29, 2010, or until the block is sold out. No more than 5 rooms may be reserved in the name of any one individual. If you require more than 5 rooms, please contact the ISHLT Headquarters office for a group reservation form.

1) Name of Hotel Guest: _____
LAST NAME FIRST NAME MIDDLE INITIAL

Arrival Date: _____ Departure Date: _____

Institution/Company (required): _____

Address: _____

City: _____ State: _____ Country: _____ Post Code: _____

Phone: _____ Fax: _____

Email: _____ HHONORS #: _____

Requests: _____

2) Do you require: Smoking Room Non-Smoking Room
 Special Accommodations: _____

3) Room Type:	Standard		Executive Level	
	<input type="checkbox"/> Single	\$225 (1 person)	<input type="checkbox"/> Single	\$275 (1 person)
	<input type="checkbox"/> Double	\$225 (2 people)	<input type="checkbox"/> Double	\$275 (2 people)
	<input type="checkbox"/> Triple	\$250 (3 people)	<input type="checkbox"/> Triple	\$300 (3 people)
	<input type="checkbox"/> Quad	\$275 (4 people)	<input type="checkbox"/> Quad	\$325 (4 people)

Note: Rate categories are subject to availability.

4) Preferred Bed: King Bed Two Double Beds

5) Please list below any individuals who will be accompanying you and staying in the same room:

Roommate #1: _____	LAST NAME / FIRST NAME	ARRIVAL DATE	DEPARTURE DATE
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Roommate #2: _____	LAST NAME / FIRST NAME	ARRIVAL DATE	DEPARTURE DATE
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Roommate #3: _____	LAST NAME / FIRST NAME	ARRIVAL DATE	DEPARTURE DATE
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6) All reservations must be secured with a deposit in the amount of one night's lodging and tax. Reservations submitted without a deposit will not be processed.

7) Deposits may be made via credit card or check. Checks must be made payable to the Hilton Chicago and must be drawn on a US Bank. If you prefer to pay by credit card, please complete the following:

Credit Card: VISA Mastercard American Express Discover Diners Club

Card Number: _____ Expiration Date: _____

Card Holder Signature: _____ Card Holder Name: _____

Return completed Hotel Reservation Form with required deposit by Monday, March 29, 2010 to: Hilton Chicago, 720 S. Michigan Avenue.
Reservation Phone: 877-865-5320 Reservations Fax: 312-663-6528

Cancellation Policy: Notice of cancellation of reservations must be made seven days in advance of the reservation arrival date or the deposit will be forfeited.