CHICAGO CRYSTAL BALL
HOTEL ROOM FORM

Studio_____Contact Person_____

Phone(___)_____Fax(___)_____Email_____

_____
Address

_____
City/State/Zip

THURSAY JUNE 7, FRIDAY JUNE 8, SATURDAY JUNE 9, SUNDAY JUNE 10

NAME (please write roommates together)	**Arrival Date**	**Depart Date**	**King OR Dble**	**Package & Price**	**Extra Nights @$150.**	**Total**
1						
2						
3						
4						
5						
6						
7						
8						