

Doubletree Chicago – Oakbrook Hotel Registration Form
1909 Spring Road
Oak Brook, IL 60523
630.472.6000

Group Name: **Most Worshipful Prince Hall- Unification July 28, 2011 – August 4, 2011**

Guest Name: _____ Arrival Date: _____
 Address: _____ Departure Date: _____
 City/ State/Zip Code: _____ Phone: _____ Email _____

# of Rooms	Room Type	Rate: \$89.00 plus 9% tax	# Adults	# Children
	One King	Same as above		
	Two Double Beds	Same as above		

Special Requests:

<input type="checkbox"/>	Non Smoking	<input type="checkbox"/>	Connecting Rooms	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Smoking	<input type="checkbox"/>	Wheel Chair Access	<input type="checkbox"/>	

Hilton HHonors # _____

Name of person sharing room with: _____

Check One:

a) 1st night's deposit check enclosed: _____

b) Credit Card information: _____

Name on card: _____ Authorized
 signature _____

Credit Card #: _____ Exp. Date: _____

When calling please ask for reservations and identify by **Group Name:** MWPHGL
 For reservations call: 630.472.6000 or

Mail or Fax this form to: Doubletree Chicago-Oakbrook Fax:630.573.1909
 1909 Spring Road
 Oak Brook, IL 60523

*Reservations made after July 7, 2011 will be subject to current non-group rate and availability.
 Reservations must be guaranteed by a major credit card or prepayment of 1st night's room & tax*

Reservations made by mail or FAX must be postmarked by July 7, 2011

72 hour cancellation notice is required.