HYATT REGENCY CHICAGO HOTEL RESERVATION FORM

DEADLINE: FRIDAY, OCTOBER 10, 2003.

PLEASE TAKE A MOMENT TO READ THE FOLLOWING IMPORTANT INFORMATION

1. YOUR RESERVATION MUST BE GUARANTEED BY USING ONE OF THESE METHODS:
   A. ASSURED RESERVATION. USE AMERICAN EXPRESS, CARTE BLANCHE, DINERS CLUB, VISA, OR MASTERCARD.
   B. ADVANCED DEPOSIT. ENCLOSE FIRST NIGHT'S DEPOSIT WHEN MAILING YOUR RESERVATION FORM. SHOULD IT BECOME NECESSARY TO CANCEL YOUR RESERVATION, PLEASE REQUEST A CANCELLATION NUMBER.

2. ALL RATES ARE SUBJECT TO ILLINOIS AND CHICAGO OCCUPANCY OPERATORS AND ACCOMMODATION TAXES, CURRENTLY 14.9%.

3. SHOULD RESERVATIONS BE MADE WITHOUT THIS FORM, PLEASE MENTION THE NAME OF YOUR GROUP. DO NOT SEND IN A FORM IF A RESERVATION HAS BEEN MADE DIRECTLY THROUGH THE HOTEL. THIS PREVENTS RESERVATION DUPLICATION.

4. ANY CHANGES MADE TO THIS RESERVATION WITHIN 48 HOURS OF ARRIVAL DATE (INCLUDING EARLY DEPARTURE) ARE SUBJECT TO ADMINISTRATIVE FEES.

5. CHECK IN TIME IS 3:00 PM. CHECK OUT TIME IS 12:00 NOON. (AFTER 12:00 NOON, ADDITIONAL CHARGES WILL APPLY.)

6. **RESERVATIONS MUST BE RECEIVED NO LATER THAN – 10/10/03**
   A. VIA PHONE: (800) 233-1234
   B. VIA FAX: (312) 616-6838
   C. VIA MAIL: ATTN: HYATT REGENCY CHICAGO RESERVATIONS, 151 E WACKER DRIVE, CHICAGO, IL 60601

REGENCY CLUB

THE REGENCY CLUB PROVIDES OUTSTANDING ACCOMMODATIONS FOR VIP'S AND THOSE WITH DISCRIMINATING TASTE. SPECIAL ELEVATOR KEYS ALLOW ACCESS TO THE PRIVATE REGENCY CLUB FLOORS, LITERALLY A HOTEL WITHIN A HOTEL. THE UNIQUE SERVICES INCLUDE A PRIVATE RECEPTION AREA, COMPLIMENTARY CONTINENTAL BREAKFAST, MORNING NEWSPAPER, TURNDOWN SERVICE, EVENING HORS D'OEUVRES AND PRIVATE HONOR BAR.

GROUND TRANSPORTATION

BUS TRANSPORTATION TO AND FROM O'HARE INTERNATIONAL AIRPORT AND MIDWAY AIRPORT IS AVAILABLE VIA CONTINENTAL AIR TRANSPORT BUS SERVICE.

GROUP NAME: MS&T 2003 **DATES: November 7-15, 2003** **CODE: KIRO**

GUEST NAME: _____
LAST FIRST MIDDLE

COMPANY: _____ ARRIVAL DATE (EST TIME): _____

STREET: _____ DEPARTURE DATE: _____

CITY, STATE, ZIP: _____ PHONE: _____

GOLD PASSPORT MEMBERSHIP NUMBER & LEVEL: _____

SHARE WITH'S NAME: _____ ARRIVAL DATE: _____ DEPARTURE DATE: _____

(PLEASE CHECK RATE SELECTION)

ACCOMMODATIONS	SINGLE 1 KING BED	DOUBLE 1 KING BED	DOUBLE 2 DBL. BEDS	TRIPLE 2 DBL. BEDS	QUAD 2 DBL. BEDS
STANDARD GUEST ROOM:	☐ $165.00	☐ $165.00	☐ $165.00	☐ $180.00	☐ $180.00
REGENCY CLUB ROOM:	☐ $195.00	☐ $195.00	☐ $195.00	☐ $210.00	☐ $210.00

If rates are not available, the next available rate will be assigned. Room types and special requests are based on availability at the time of check in.

Please indicate preference: ☐ Smoking ☐ Non-Smoking

RESERVATION GUARANTEE: CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____ EXP: _____

CARDHOLDER NAME: _____