

Fax This Form by February 16, 2009, to:
INSERT NAME — The Westin Lombard Yorktown Center — 1-630-719-8050

*Note to the Hotel: This is not a room reservation form. This is a confirmation form for rooms already reserved.
This will verify the number of rooms reserved and the names of the guests in these rooms.*

2009 LEAD Conference ♦ The Westin Lombard Yorktown Center ♦ February 27–March 1, 2009
HOTEL RESERVATIONS CONFIRMATION FORM

Directions: Conference advisers, complete this form **after** you have **made and received your confirmation number(s) for hotel room reservations** to insure that you have the proper number and type of rooms for your group and the hotel knows the approximate time of your arrival and departure and the method in which you are paying for your hotel rooms. Make additional copies of this form if needed so that you can list the names for each of your reserved sleeping rooms (i.e., five rooms reserved will require 2 forms; nine rooms reserved will require 3 forms, etc).

Fax your completed form(s) by **February 16, 2009** to **INSERT NAME** at **1-630-719-8050**.

Type or print clearly all information below:

Name: _____ Total # in Group: _____ Method of Payment: Credit Card School Check Personal Check
(Adviser name(s) hotel reservation is held under)

School Name: _____ City/State: _____

Arrival Date: _____ Arrival Time: _____ Departure Date: _____ Departure Time: _____

Complete one box for each room reserved, listing the hotel confirmation number, type of room requested, names in the reserved room & check either adviser or student.

Hotel Issued Room Confirmation Number: _____	
Type of room reserved/requested:	<input type="checkbox"/> Single—one bed (one person) <input type="checkbox"/> Double—two beds (two people) <input type="checkbox"/> Triple—two beds (three people) <input type="checkbox"/> Quad—two beds (four people)
Adviser Student	Adviser Student
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____

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Adviser Student	Adviser Student
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____

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Adviser Student	Adviser Student
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____

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Adviser Student	Adviser Student
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____