

RESERVATION REQUEST FORM Davisware 2019 User Conference Sunday, April 7-Wednesday, April 10, 2019

PLEASE PRINT OR TYPE

PLEASE PRINT OR TT	PE.			
NAME:			PHONE:	
NAME (If there is a 2 nd a	dult attending):			
ADDDRESS:			FAX:	
CITY:	ST	TATE:	ZIP:	
	Pre Conference (4/6/19) Ro	om Rate	e= \$171.00 per room**	
NAME (If there is a 2 nd adult attending): ADDDRESS:				
Arrival Date Departure Date				
Bed Preference (Based or	n Availability). Please Check One.			
1 King Bed	2 Queen Beds	King A	Accessible	
			firmation will be sent within 48 hours):	
Please guarantee my rese	rvation with credit card as indicated	d below.	This card is for guarantee only.	
American Express	☐ Visa ☐ MasterC	ard	Discover	
Card#:			ration Date:	
Name on the Card:				
Authorized Signature:				
If you find it necessary to arrival to avoid a one nig	ht's room and tax charge to your cr	orm us by edit card.	7 3:00pm Central Standard Time 48 hours prior to you	
•	ted form with your credit card info	rmation to	o our reservation department by one of the following	
			Email:	
	Aun: Keservations			

reservations@eaglewoodresortchicago.com

Eaglewood Resort & Spa

1401 Nordic Road Itasca, Illinois 60143