

RESERVATION FAX FORM FOR:
Illinois Small College Placement Association
Cut-off date for reservation:
January 20, 2005

*Please fill out information below for each traveler and fax to Hilton Suites
Reservation Department at 630/516-3858*

| NAME OF GUEST | ARR. DATE | DEPART DATE | # PPL | RATE | HILTON USE ONLY CONF.# |
|---------------|--------------|----------------|----------|------|---------------------------|
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| ADDRESS: CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____ |
|--|

Bed Type: (Based on Availability)

- King Bed
- 2 Double Beds
- Accessible

Suite Type: (Based on Availability)

- Non-Smoking
- Smoking

Hilton Suites requires a credit card number to hold each suite. Please provide pertinent information below:

Credit Card Type: _____ Credit Card #: _____ Exp. Date: _____

HHonors #: _____ /Airline Partner #: _____

Special Request/Other: _____

Anticipated Time of arrival: _____

Reservationists' initials: _____

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| <i>Would you like to be wait listed if hotel is sold out?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

*Hilton Suites # 630/941-0100