

HOTEL RESERVATION FORM

For Guests

GUEST NAME: _____

HOST NAME: _____

HOST EMAIL: _____

HOTEL REQUESTED: _____

2nd choice: _____

Arrival date: _____

Departure date: _____

REASON FOR VISIT: _____

Account to charge: _____

Please bring this form to Mark Drennan in the Math Business Office,
221 Altgeld, or email information to drennan@illinois.edu.