140th Congress of Correction • Chicago
Hotel Reservation Form

Conference Dates: July 30 - Aug. 4, 2010

FOR BEST AVAILABILITY AND IMMEDIATE CONFIRMATION
MAKE RESERVATION ONLINE at www.aca.org/housing

Reserve Your Hotel Room Today!

Please Choose from two (2) hotels. Check one box.
Online: www.aca.org/housing

☐ **Hyatt Regency Chicago Downtown Hotel (ACA Meetings Site)**
151 East Wacker Drive, Chicago, IL 60601, Attn: Reservation Dept.
Fax: 703-224-0040 • Phone: 1-888-421-1442

Rate: $195 Single/Double
Tax included.

☐ **Sheraton Chicago Hotel & Towers**
301 East North Water Street, Chicago, IL 60611, Attn: Reservation Dept.
Fax: 703-224-0040 • Phone: 1-800-233-4100

Rate: $195 Single/Double
Tax included.

Free internet service in guest room

REQUESTS THAT ARE INCOMPLETE CANNOT BE PROCESSED. *Please keep a copy of this form for your records.* ***DO NOT MAIL A COPY OF THIS FORM AFTER MAKING RESERVATIONS ONLINE, OR BY FAX. THIS MAY RESULT IN A DUPLICATE RESERVATION.*** *Acknowledges/ Confirmations will be e-mailed, providing that an e-mail address is listed in the Attendee Information section of this form. Please photocopy this form for* ***EACH ROOM*** *you are requesting. All reservation requests must be directed to the hotel on or before 5:00 PM Monday, July 5, 2010.*

ARRIVAL: Day/Date:_____ ***DEPARTURE:*** Day/Date:_____

ROOM INFORMATION: Please provide names of all persons to occupy room and type of room. Only one room per form. Please make copies, if necessary. Room occupants are

1:_____ 2:_____ 3:_____ 4:_____

☐ SINGLE ☐ DOUBLE (2people/1 bed) ☐ DOUBLE/DOUBLE (2-4people/2 beds) ☐ HOTELS ARE NON-SMOKING

Note: Room type and special room requests based on availability at check in.

SPECIAL REQUEST: __ *I am in need of an ADA accessible room. I may need special assistance from hotel in event of an emergency.*
__ *Other, please list:*

ATTENDEE INFORMATION: *(Required)*

FIRST NAME ***MI*** ***LAST NAME***

E-MAIL ADDRESS

AFFILIATION/COMPANY/ORGANIZATION

STREET ADDRESS OR P.O. BOX NUMBER

CITY ***STATE*** ***COUNTRY*** ***ZIP CODE***

****DAYTIME PHONE NUMBER*** ****FAX NUMBER (*if international, please indicate country and city code)***

Check one: I am ☐ Exhibitor ☐ Attendee ☐ Speaker ☐ Guest

ROOM GUARANTEE: A guarantee equal to one night's stay per room is required to make a room reservation. The guarantee amount is payable by credit card. Requests received without a valid guarantee will be returned and will not be processed. Credit cards must be valid through September 2010, in order to be considered a proper guarantee. Credit cards will not be charged unless there is a no show or late cancellation. **Reservations must be cancelled at least 72 hours prior to your arrival date to avoid losing your room guarantee.** Reservations will be acknowledged within 72 hours once a reservation is made. Confirmations will be sent via e-mail from your hotel. If you do not receive an acknowledgement of your reservation within 4 days of sending in your form, please contact your hotel.

Check One: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover ☐ Check

If you must pay by check, please first notify the hotel via fax.

Credit Card Number (valid through September 2010)

Exp. Date ***Name on Credit Card (Please Print)*** ***Signature (Required)*** ***Date***

CANCELLATIONS/CHANGES POLICY: All reservation cancellations made less than 72 hours to your arrival will forfeit the room guarantee. Changes (other than cancellations) can be made up to the time of your arrival without a fee and based upon hotel availability.

NOTE: ALL ENTERTAINING/MEETING SUITES must be reserved in advance through the ACA Office. Entertaining/meeting suite reservations will NOT be accepted by the individual hotels. To reserve a suite, contact the ACA Convention Department at (800) 222-5646, ext. 0016.