

# HOTEL REGISTRATION

President's Preview, July 30, 2008, Eaglewood Resort & Spa

1401 Nordic Rd., Itasca, Ill. 60143

**Fax completed forms to Christine Palmer at 847/336-2105.**

Please Print or Type



**Foodservice Equipment Reports** has a room block at Eaglewood Resort & Spa.  
The room rate is \$175/night plus taxes.

All reservation requests **MUST** be guaranteed with a major credit card in order for the reservation to be processed and confirmed. All reservations are due no later **Friday, June 20.**

Cancellations **MUST** be received by **Friday, July 25.**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (for confirmation) \_\_\_\_\_

Date of arrival: \_\_\_\_\_ Date of departure: \_\_\_\_\_

Estimated time of arrival at hotel: \_\_\_\_\_

Number of people in room: 1 2 3 4

Number of beds in room: 1 2

Special Requests: \_\_\_\_\_

**Room rate is \$175/night. For rates and availability on suites, please contact Christine Palmer at 847/336-2049.**

Check-in time: 3:00 pm Check-out time: 11:00 am

**All rooms will be non-smoking unless otherwise requested.**

## METHOD OF PAYMENT (PLEASE PRINT)

Please charge my (circle one): American Express MasterCard VISA

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Send completed forms to Christine Palmer, **Fax: 847/336-2105**

FER/MUFES, 2094 Lawson Blvd., Gurnee, IL 60031

Phone: 847/336-2049 E-mail: [cpalmer@fermag.com](mailto:cpalmer@fermag.com)

