

# HOTEL RESERVATION FORM

For Guests

GUEST NAME: \_\_\_\_\_

HOST NAME: \_\_\_\_\_

HOST EMAIL: \_\_\_\_\_

HOTEL REQUESTED: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

\_\_\_\_\_

**Account to charge:** \_\_\_\_\_

Please bring this form to the Sherri Kiska in the Business Office in  
221 Altgeld or e-mail to [kiska@uiuc.edu](mailto:kiska@uiuc.edu)