

2003 JOINT FALL CLE MEETING HOTEL RESERVATION FORM

*Please complete the FORM and return to the HOTEL directly
DO NOT RETURN THIS FORM TO THE TAX SECTION OFFICE!*

RETURN FORM TO HOTEL BY THURSDAY, AUGUST 15, 2003

We urge you to make your reservations early; the hotel frequently sells out prior to the deadline.

Group: ABA Section of Taxation – 2003 Joint Fall CLE Meeting

Group Dates: 9/7/03 - 9/15/03

Name _____

Co-Affiliation _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

Room Requests

___ Non-Smoking Room

___ Handicapped Accessible Room

___ Confirmation Requested via facsimile

Arrival Date _____ Departure Date _____

Arrival Time _____ a.m. _____ p.m.

Payment Information

VISA MasterCard American Express

Card No. _____ Exp. Date _____

Signature _____

Check enclosed \$ _____

All reservations must be guaranteed by the individual's credit card or deposit check. You will receive a confirmation number within three (3) business days of receipt of the reservation form. Please note that your reservation is not confirmed until you receive a confirmation number.

SHERATON CHICAGO HOTEL & TOWERS

SECTION HEADQUARTERS

301 East North Water Street

Chicago, IL 60611

Tel: 312/464-1000 or 800/325-3535

Fax: 312/329-6417

___ King Bed ___ 2 Double Beds ___ Jr. Suite

Single Occupancy \$215

Double Occupancy \$215

Jr. Suite \$262.50

Rates are per night and subject to a 14.9% tax. Check-in time is after 3:00p.m. Check-out time is 12:00 noon. Cancellations or modifications of reservations must be made at least 24 hours prior to the scheduled day of arrival to avoid a one-night cancellation charge.