

ILLINOIS DELEGATION HOUSING FORM ONLY
SUPREME ASSEMBLY, I.O.R.G.
CHICAGO, ILLINOIS JULY 21ST – 31ST, 2008

Mail Housing Form to: Mrs. Leslie Crowe
 710 E. Thomas
 Arlington Heights, IL 60004
 Phone: 847-590-5808

- * A \$156.00 deposit per room (room rate \$135.00 plus 15.4% tax) must accompany reservation request. Payment may be made by check, credit card or money order. Checks should be made payable to: ***"Hilton Chicago"***.

Credit card information: Name _____
 (AE; VISA; MC) Credit Card Number _____
 Expiration Date _____

- * All credit cards used for deposit will be charged immediately.
- * The first night's room fee will be charged if not canceled at least 3 days prior to arrival date.
- * Reservations deadline: **June 30, 2008**
- * Parking: \$41.00 per day/self-parking
 \$45.00 per day/valet

Delegation: _____
 Delegation Contact Name: _____
 Address: _____

 Phone Number: _____
 E-Mail Address: _____

*If handicap accessible room is requested, please include a description of the necessary room requirements.

Room Type	Name(s)	Adult	Girl	Arrival Date	Departure Date	Comments
	1.					
	2.					
	3.					
	4.					
	1.					
	2.					
	3.					
	4.					
	1.					
	2.					
	3.					
	4.					
	1.					
	2.					
	3.					
	4.					

Please attach additional sheets as needed.