

2009 II-VI Workshop
US Government/University Hotel Room Reservation Form
Embassy Suites Downtown - Lakefront Hotel
Chicago, IL
October 3-9, 2009
Reservation Deadline: September 11, 2009
Room rate: \$218.00

Title: Dr. Mr. Ms.

First Name: _____

Last Name: _____

Affiliation: _____

Phone No: _____

Email: _____

Check-In date: _____

Check-out date: _____

Room Type: King bed, non-smoking, Two Double beds, non-smoking

Credit card type: _____

Credit card number: _____

Expiration date: _____

Mail or fax to:

Ralph Nadell
II-VI Workshop
c/o Palisades Convention Management
411 Lafayette Street, Suit 201
New York, NY 10003

FAX: (212) 460-5460