



Hotel Reservation Form: Knights of Columbus 2010 State Convention April 30 – May 2, 2010

Visit our website at www.peoria.org for more information on hotels listed below.

To ensure availability at one of the convention hotels, reservations must be **received before April 8, 2010**. All requests will be processed on a first-come, first-serve date based order and are **ONLY accepted by MAIL OR FAX**. Please do not call the Hotel, the Peoria Area Convention and Visitors Bureau or Knights of Columbus to make reservations. **Cancellations are to be made with the Peoria Area CVB before April 8, 2010**. Room blocks will be released after April 8 at which point you will be responsible for making your reservation and/or cancellations directly with the hotel. **Cancellations must be made 72 hours prior to your arrival date. Failure to cancel by that date will permit the hotels to bill you the first nights room rate.**

STEP: 1

Please indicate your hotel choices **in order of preference** by marking the blank with your 1st and 2nd choice.

Hotels:

- _____ **Hotel Pèrre Marquette ***
* Includes hot breakfast buffet
- _____ **Holiday Inn City Centre**

Rates:

- \$99.00** + 13% tax
- \$92.00** + 13% tax

Mail or Fax this form to:

Peoria Area CVB
Attn: Lana Hermann
456 Fulton Street, Suite 300
Peoria, IL 61602
Fax: 309-676-8470

**DEADLINE FOR RESERVATIONS:
April 8, 2010**

All rooms are subject to applicable sales tax listed above.

STEP 2

>Please provide email address below and open your outlook to lhermann@peoria.org if you would like to receive your confirmation via email, otherwise, they will be mailed.

>Please type or print clearly: include first & last names of each occupant per room Please fill out a form for each room or attach a rooming list.

>To ensure group reservations are together in one hotel, please mail reservation forms together. **No multiple rooms under the same name can be accepted or processed.**

Arrival Date: _____ Departure Date: _____ Single/ _____ Double/Double _____ Triple _____ Quad _____
1/2 person 2/4 person 3pp 4pp

Occupant Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Confirmations will be e-mailed if address is provided

Sharing with: _____

Names: _____

Special Requests: Smoking _____ Non Smoking _____ Handicapped _____ Other _____

Special Notes: Complimentary parking for overnight guests at above hotels.

>Please Note: Reservations must be accompanied by check or credit card to guarantee reservation.

Please guarantee my room(s) with: _____ Check Deposit: (payable to Peoria Housing Bureau) for first night's room rate OR

Credit Card #: _____ Expiration Date: _____

Name of Credit Card Holder: _____