

Client Number: _____
(Office Use Only)

Reservation Request Form

Fill this sheet out and detach from the rest of the brochure

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

of Adults: _____ # of Children: _____ # of Seniors: _____

When is your desired departure date or season? _____

How long would you like to travel? _____

What is your desired quality of hotel? (Deluxe) (First Class) (Economy)
--- Circle one ---

Where would you like to go and what are your special interests?

Upon completion, please send this sheet back to us.

Call us

Chicago Area: (312) 236-1462
Toll Free: (800) 542-1689

Write us

333 North Michigan Ave. Suite 1031
Chicago, IL 60601

Fax us

Fax: (312) 236-5135

Email us

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