

**Evangelical Covenant Church
Covenant Midwinter Conference
January 22 – February 2, 2008**

HYATT REGENCY O'HARE RESERVATION FORM
To place your reservations IMMEDIATELY choose one of the following options:

Call Hyatt Reservations Phone Number: 1-800-233-1234
Fax to Hyatt Reservations Department Fax Number: 847-663-4649

If calling please be sure to mention Covenant Midwinter Conference to receive the Special Convention Rate.

Mail to:
HYATT REGENCY O'HARE
Attention: Reservations Department
9300 West Bryn Mawr Avenue
Rosemont, IL 60018

DEADLINE FOR RESERVATIONS: January 2, 2008

Reservations must be received by January 2, 2008 AND before the group reservations block is filled to assure your room accommodations. Reservations requested beyond the above date are subject to availability. Rooms may still be available after the cutoff date but not necessarily at the rates below.

IF FAXING OR MAILING PLEASE COMPLETE THE FOLLOWING INFORMATION:

Arrival:	Arrival time:	Departure:
<i>Month, Day, Year</i>	<i>Time AM, Time PM</i>	<i>Month, Day, Year</i>

Please Check One:	Rates:	Hyatt Gold Passport # _____
<input type="checkbox"/> SINGLE Occupancy - 1 person	\$121.00	*Check Preference: <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking
<input type="checkbox"/> DOUBLE Occupancy - 2 persons	\$121.00	*Special Requests: _____
<input type="checkbox"/> TRIPLE Occupancy - 3 persons		PLEASE CHECK UPGRADE OPTION:
<input type="checkbox"/> QUAD Occupancy - 4 persons		<input type="checkbox"/> BUSINESS PLAN \$20.00/Night Additional Charge
*Room Type <input type="checkbox"/> One King Bed		<input type="checkbox"/> REGENCY CLUB \$50.00/Night Additional Charge
<input type="checkbox"/> Two Double Beds		*Requests are subject to availability.

Room Tax 13% Check-In Time: 3:00 PM Check-Out Time: 12:00PM

NAME:	NAME OF PERSON(S) SHARING ROOM:
COMPANY NAME:	
ADDRESS:	
CITY:	STATE: ZIP:
DAY PHONE:	FAX:

In order to avoid duplicate room reservations, please submit only one (1) reservation form for you and your roommate. You must indicate, in the space above, your roommate's name as the Hyatt Regency O'Hare will not assign a person to share your double room.

TO GUARANTEE YOUR RESERVATION PLEASE CHOOSE ONE OF THE FOLLOWING:

ADVANCE DEPOSIT ENCLOSED (One night's room and tax deposit required)

Make checks payable to the Hyatt Regency O'Hare

Deposits will be refunded if the reservation is cancelled at least 24 hours prior to arrival.

CREDIT CARD (Please complete the information required below)

American Express Master Card Visa Diners Club Carte Blanche
 Discover Enroute JCB Nippon Shipan

Month Year

CARD NUMBER:	EXP:
CARD HOLDER SIGNATURE:	