



New Year's Eve 2009
Reservations will be processed upon return of this form
(MUST BE 21 YEARS OF AGE TO ENTER)

Name: _____ Phone: ____ / ____ - ____
Address: _____ Alt. Phone: ____ / ____ - ____
_____ State: _____ Zip Code: _____

Guestroom Preference- Cannot be guaranteed. If your room choice is not available, you will be assigned a room based on your smoking preference.

- 2 Double Beds King Smoking Non-Smoking

Special Needs/ Requests/Other parties attending: _____

\$299.00 per couple

Price is based on double occupancy and includes all taxes and gratuities.

Extra Night/Date _____ (Additional night \$99.00 including tax.)

Total Price _____

- Payment is enclosed (check or money order)
*Checks will not be accepted after 12/20/09.

- Visa Master Card American Express Discover Diners Club

Credit Card Number: _____ Exp. _____

Signature (required): _____

Payment will be processed on December 20th, 2009. Due to the special nature of this event, no cancellations can be made after December 20th, 2009. Your signature above acknowledges that you've read and agree to the stipulations. Please contact the New Years Eve hotline with questions at 217-585-2846. Please fax this form to 217-585-2841 or mail to the Food and Beverage Office, Crown Plaza Hotel, 3000 South Dirksen Parkway, Springfield, IL 62703; or e-mail Cwoodruff@crowneplazaspringfield.com.

For Office Use only

Table Number _____ (To be assigned upon receipt of this form)
Confirmation # _____