PRINT® 19
OCTOBER 3-5 | Thursday – Saturday
McCormick Place North | CHICAGO
PRINTevent.com

Exhibitor Hotel Suite Request Form
Cut-Off Date: August 30, 2019

Exhibitor Hotel Suite Request Form

Name: _____

Exhibiting Company: _____ Booth #: _____

Address: _____

City, State, Zip, Country: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____

Arrival Date: _____ Departure Date: _____

Suite: ☐ 1-bedroom or ☐ 2-bedroom *(Please check)*

Hotel preference: _____

Will you be using this suite for hospitality, sleeping, or both? _____

How many people will you need to accommodate in this suite or how many people will be in this room at one time? _____

How many square feet are you requesting? _____

What is your price range? _____

Thank you for your cooperation and prompt response. We will follow up your request as soon as possible.

Method of payment: (Credit card required to guarantee reservation. One night's room and tax may be charged by hotel 2-4 weeks prior to arrival.

❑ Credit Card: American Express, MasterCard, Visa, and Discover are accepted.

Card Number _____ Exp. Date _____

Authorized Signature: _____

❑ or Check: Make check payable to: PRINT 19 Hotels

A check for one night's room and tax deposit must be attached for reservation to be processed. Please call Expovision for rates and availability.

You must complete this form and return to PRINT 19 Hotel Reservation Office before August 30, 2019, at the address or fax listed below. The Hotel Reservations Office will respond to you as soon as possible.

Complete and return to:
(Please retain a copy for your files.)

PRINT 19 Hotel Reservation Office
c/o Expovision
3141 Fairview Park Drive, Ste. 550
Falls Church, VA 22042
Phone: (703) 770-3911 • (800) 305-0039
Fax: (703) 205-0235
E-mail: printhotels@expovision.com

Order on or before: August 30, 2019