



### Reservation Request Form

To request a reservation, please print and complete this form and fax it to The Wheeler Mansion at 312.945.2021. Based on availability, your reservation will be confirmed via telephone or email within one business day of receipt of this form.

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Address (cont'd): \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Arrival Date: \_\_\_\_\_  
Month/Day/Year

Departure Date: \_\_\_\_\_  
Month/Day/Year

Number of Nights: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Room Preference: \_\_\_\_\_  
Room Number

Second Preference: \_\_\_\_\_  
Room Number

I agree to be held personally liable in the event that the indicated person(s), company, or association fail to pay any part of the full amount of charges incurred. My signature is authorization for The Wheeler Mansion to use the credit card number listed below for deposits and payment of those charges. A 50% deposit is required with the reservation. Cancellations or a no-show will be charged 3-6 months prior to check-in (25%), 1-3 months prior to check-in (50%), and 0-1 month prior to check-in (100%) of the total room charge.

Visa       Mastercard       American Express       Diners Club       Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on your card: \_\_\_\_\_

Signature: \_\_\_\_\_