

The Hyatt Regency Indianapolis is pleased to welcome. . . . .

# CSCTFL

## HYATT REGENCY HOTEL RESERVATION FORM



Please mail or fax to:  
Hyatt Regency Indianapolis  
Attn: Reservations Department  
One South Capitol Avenue  
Indianapolis, IN 46204  
FAX# 317-616-6079

**DEADLINE FOR RESERVATIONS: February 8, 2011**

Reservation requests after this date will be confirmed on a space available basis.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

**NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH ROOM REQUEST**

|                 |       |     |      |            |         |         |                   |       |     |      |
|-----------------|-------|-----|------|------------|---------|---------|-------------------|-------|-----|------|
| <b>Arrival:</b> |       |     |      | <b>At:</b> |         |         | <b>Departure:</b> |       |     |      |
|                 | Month | Day | Year |            | Time AM | Time PM |                   | Month | Day | Year |

|  |               |  |
|--|---------------|--|
| <b>Please Check One:</b>                   | <b>Rates:</b> | <b>Hyatt Gold Passport #</b>   |
| <input type="checkbox"/> 1 PERSON - 1 BED  | \$165.00      | Please Check Preference: <input type="checkbox"/> SMOKING <input type="checkbox"/> NON-SMOKING |
| <input type="checkbox"/> 2 PEOPLE - 1 BED  | \$165.00      | Special Requests: _____  |
| <input type="checkbox"/> 2 PEOPLE - 2 BEDS | \$165.00      | <b>PLEASE CHECK UPGRADE OPTION:</b>  |
| <input type="checkbox"/> 3 PEOPLE - 2 BEDS | \$190.00      | <input type="checkbox"/> BUSINESS PLAN \$25.00/NIGHT ADDITIONAL CHARGE                         |
| <input type="checkbox"/> 4 PEOPLE - 2 BEDS | \$215.00      |  |

Check-In Time: 3:00PM Check-Out Time: 12:00PM Room tax is 17%

|                                  |                                 |             |  |
|----------------------------------|---------------------------------|-------------|--|
| <b>NAME(S) OF ALL OCCUPANTS:</b> | Guest #1 Last _____ First _____ |             |  |
|                                  | Guest #2 Last _____ First _____ |             |  |
|                                  | Guest #3 Last _____ First _____ |             |  |
|                                  | Guest #4 Last _____ First _____ |             |  |
|                                  |                                 |             |  |
| <b>ADDRESS:</b>                  |                                 |             |  |
| <b>CITY:</b>                     | <b>STATE:</b>                   | <b>ZIP:</b> |  |
| <b>DAY PHONE:</b>                | <b>FAX:</b>                     |             |  |
| <b>E-MAIL ADDRESS:</b>           |                                 |             |  |

TO GUARANTEE YOUR RESERVATION PLEASE COMPLETE THE FOLLOWING BILLING INFORMATION:

- CREDIT CARD (Please complete the information required below)
- American Express  Master Card  Visa  Diners Club  Discover

|                               |  |             |       |      |
|-------------------------------|--|-------------|-------|------|
| <b>CARD NUMBER:</b>           |  | <b>EXP:</b> | Month | Year |
| <b>CARD HOLDER SIGNATURE:</b> |  |             |       |      |