



STATE DOMESTIC VIOLENCE COALITIONS MEETING  
JULY 15-16, 2009

REGISTRATION AND LODGING INFORMATION FORM

Please ✓ check as appropriate for each box:

Mr.    Ms.    Other \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I plan to attend.       I do not plan to attend.

**LODGING ARRANGEMENTS:**

If needed, a sleeping room will be reserved for you at the **Hard Rock Hotel, Chicago, Illinois**. To ensure a sleeping room, please call the hotel directly at the following hotel.

**Hard Rock Hotel**  
230 North Michigan Avenue  
Chicago, Illinois 60601  
Phone: 312-345-1000  
Fax: 312-334-6506

I will make my own arrangements at another hotel.    I will call the hotel to guarantee my reservation.    No hotel needed

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Special Needs:

Wheelchair Accessibility    Vegetarian    Allergies   Other \_\_\_\_\_

*Please fax this form to Treceia Bazemore no later than July 3, 2009 at 202-234-1533.*