



Decatur Conference Center & Hotel
Illinois H.O.S.A. Housing Registration



School Name: _____

Arrival Date: _____

Contact Name: _____

Departure Date: _____

Address: _____

City/State/Zip Code: _____

Email address: _____

Phone: _____

****The Hotel Check-in time is 4pm. Check out is 12pm**

Room Type	Qty Requested	Rate	#Adults	#Children
Single Bed		\$96.00		
2 Queen Beds (2- 4) guests		\$96.00		
Special needs request				

*The hotel cannot guarantee specific room types or room numbers. Rooms are based on availability at the time of booking. The Decatur Conference Center is a smoke free facility. DCCCH will not provide transportation to other area hotels. Once hotel is sold out, schools will be responsible for making their own reservations at area hotels. Suites are not guaranteed, will be based upon availability.

Payment Information

Credit Card #: _____

Exp. Date: _____

Name on Card: _____

Authorized Signature: _____

Reservation Information

Reservations must be made by fax, email, or mail **ONLY**
Fax #: (217) 422-9690 Email: tperryman@hoteldecatur.com
Mailing address: Decatur Conference Center & Hotel
Attn: Tina Perryman
4191 W. US Highway 36
Decatur, IL 62522

Reservation requests must be received or postmarked by: _____

Reservations made after: _____ will be subject to non-group rate and availability

No phone reservations will be accepted

We look forward to the opportunity to wow you!