



CROWNE PLAZA®

AN IHG® HOTEL

SPRINGFIELD - CONVENTION CENTER

Crowne Plaza Springfield

3000 South Dirksen Parkway, Springfield, Illinois 62703

Phone: 217-585-2830

Fax: 217-585-1373

Independent Order of Odd Fellow & Rebekahs Lodging Reservation Form

October 8-12, 2022

Mail or Fax form Directly to: Crowne Plaza Springfield, 3000 S. Dirksen Parkway, Springfield, IL 62703 or 217-585-1373

ROOM RATE: **\$110.00**, plus 14% Tax

Name of Associate: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Arrival Date: _____ Departure Date: _____

**Please note that check in time is 4:00 pm or after. Check out time is 11:00 am*

Number of Preferred Room Type Needed: _____ Single Bed _____ Double Bed

Special Requests: _____

A deposit equal to the first nights rate plus tax (14%) is required to confirm all reservations. Cancellations of any or all nights must be received seven days prior to arrival in order for advance deposit to be refunded. Advance deposit or credit card must accompany all reservation forms. *If paying by check the hotel MUST receive the check 30 days in advance of your stay.*

Method of Payment: _____ Credit Card _____ Advance Deposit Enclosed

Card Type: _____ Expiration Date: _____

Card Number: _____ Signature: _____
(Indicates understanding to the agreement above)