



Registration Form Hawthorn Inn & Suites

www.hawthorn.com

3105 S. Washburn Street
Oshkosh, WI 54904
USA

Phone: +1 (920) 303-1133 FAX: +1 (920) 303-2103

| Company: CIVA | | | |
|-----------------------------------|-----------------------------|-----------------------|--|
| Guest Surname: | | First Name: | |
| Address: | | | |
| City: | | State/Province: | |
| Postal Code: | | Country: | |
| | | | |
| Telephone: | | Mobile: | |
| E-Mail: | | Fax: | |
| | | | |
| Guest Requests: | Smoking Room or Non-Smoking | King Bed or Queen Bed | |
| Occupancy: | Single or Double | | |
| Arrival and Departure Information | | | |
| Arrival Date: | | Departure Date: | |
| Confirmation Number: | | Group: EAA9 | |

Hotel Room Rate: \$81.90 plus tax **Initial here acknowledging rate:** _____

Notes:

Rooms are being held for arrivals on October 15, 1009 and departure on October 20, 2009.
Reservations can be made by calling and requesting a room in the "CIVA Block".

This Form can also be faxed to +1 (920) 303-2103 or e-mailed to vkoch@whgco.com.

Credit Card #: _____ Expiration: _____

Guest Signature: _____