

**Streamwood Chamber of Commerce  
Reservation Form for All Chamber Events**

**Name of Event**

**Date of Event**

**Number of People Attending**

**Name(s) of People Attending**

\_\_\_\_\_  
\_\_\_\_\_  
(Must Have First & Last Names Of All People Attending)

**Company Name**

**Contact Name**

**Telephone**

**Fax**

**Email Address**

**Website Address**

**Cost for Event**    \$ \_\_\_\_\_

**Cash**

**Check**

**Total Cost Included \$**

**Credit Card #**

**Exp Date**

(Visa or Mastercard Only)

**Form May Be Mailed, Delivered, Emailed or Faxed To**

**Streamwood Chamber of Commerce**

**PO Box 545    22 W. Streamwood Blvd**

**Streamwood, IL 60107-0545**

**630-837-5200 (voice) / 630-837-5251 (fax)**

**www.streamwoodchamber.com / staff@streamwoodchamber.com**

**Events That Require Payment Must Have Payment Included - Fax & Email Only If Credit Card Is Payment**