



PRESTIGE CLUB

Credit/Debit Card Authorization Form

Please fax completed form to fax numbers indicated at bottom of page. After receipt a Prestige Club member services representative will contact you with a confirmation number. Reservations are subject to availability, please contact property directly to confirm availability.

Pinkalicious Valentine's Day Package

- Overnight Accommodations
- Bottle of J. Roget Pink Champagne
- Box of Gourmet Chocolate Truffles from Astor Chocolates
- 100 Hot Pink Rose Petals Spread on the Bed
- Hot Pink Faux-Fur Handcuffs
- Hot Pink Satin Eye Mask
- Hot Pink Naughty Dice Game for Couples
- Happy Valentine's Day Balloon

Reservation Information

Last Name/Prestige Club Number as shown on Reservation: _____

Arrival/Check-in Time: _____

Please Select a Room/Suite Type...

<p>AMBIANCE, Franklin Park</p> <p><input type="checkbox"/> <u>PULSE</u> \$169</p> <p><input type="checkbox"/> <u>SPECTRUM</u> \$239</p> <p><input type="checkbox"/> <u>PRISM</u> \$279</p> <p><input type="checkbox"/> <u>FUSION</u> \$289</p> <p><input type="checkbox"/> <u>FUSION PLUS</u> \$299</p>	<p>AMBIANCE, Franklin Park (cont)</p> <p><input type="checkbox"/> <u>COBALT</u> \$319</p> <p><input type="checkbox"/> <u>COBALT PLUS</u> \$329</p> <p><input type="checkbox"/> <u>HYPNOTIC</u> \$349</p> <p><input type="checkbox"/> <u>LOTUS</u> \$359</p> <p><input type="checkbox"/> <u>OPTIMUM</u> \$399</p>	<p>AURA, Midlothian</p> <p><input type="checkbox"/> <u>CRUSH</u> \$189</p> <p><input type="checkbox"/> <u>TRYST</u> \$239</p> <p><input type="checkbox"/> <u>VOGUE</u> \$329</p> <p><input type="checkbox"/> <u>BLISS</u> \$369</p> <p><input type="checkbox"/> <u>LUXE</u> \$489</p>
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Name and Billing Address for the Credit/Debit Card

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Credit/Debit Card Number: _____ Expiration Date: _____

Name and address provided must exactly match the billing name/address for the credit/debit card.

To confirm your reservation, this form must be returned by the date and time indicate below.

My signature below authorizes the AMBIANCE or AURA to charge my credit/debit card for the first night's room and tax charges for the stay/package described above. I understand that the cancellation policy for this reservation is 72 hours prior to arrival time. Cancellation made after 72 hours prior to arrival time are subject to forfeiture of the entire deposit amount.

X: _____

Date: _____

AMBIANCE

2955 N. Mannheim Rd.
Franklin Park, IL 60131
847.455.4070 Fax: 847.455.4074

AURA

14400 S. Cicero Ave.
Midlothian, IL 60445
708.272.6000 Fax: 708.272.6270