

2009-2010 Astrovernsights Adler Planetarium

Astrovernsight Reservation Request Form

Name of Group _____

Contact Name _____ Daytime Phone Number: _____

Evening Phone Number: _____ Email: _____

Address _____

City _____ State _____ Zip _____

Number of Children: _____ Number of Adults: _____ Age range: _____

**2009-2010 Dates (all dates are co-ed):
November 6th - February 5th - March 5th - April 9th - April 23rd**

Preferred Astrovernsight Dates:

First Choice: _____ **Second Choice:** _____

Reservation requests sent without payment will not be processed.

Groups of 14 or less: Full payment is due at time of reservation.

Groups of 15 or more: 50% of full payment is due at time of reservation.

Please send this reservation request form with your payment. You can send your form and payment:

1. By mail: Attn: Overnights - 1300 S. Lake Shore Dr. - Chicago, IL 60605
2. By Fax with credit card details: (312) 322-9117
3. By Email with credit card details: overnights@adlerplanetarium.org

A follow-up email with confirmation materials will be sent once payment is processed. A copy of your receipt can be faxed or emailed upon request. For Astrovernsight reservation questions, call (312) 294-0361, (312) 294-0360 or email overnights@adlerplanetarium.org.

Payment Enclosed:

Group of 14 or less: Total # of participants _____ X \$50 = _____ (full payment must be enclosed)

Group of 15 or more: Total # of participants _____ X \$50 = _____ (50% of this amount must be enclosed)

Check (made to the Adler Planetarium)

Charge

Visa

Mastercard

American Express

Discover

Card # _____ Exp. Date _____ 3 Digit Security Code _____

Print Name _____ Signature _____