

Workshops on demand reservation form page 1 of 1

RESERVATIONS MUST BE MADE
AT LEAST 21 DAYS IN ADVANCE.

Please fax this form to:

Fax: 312-663-1472

Attn: Teacher Programs Coordinator

About you

Today's Date

Name _____

E-mail _____

School address _____

City _____ State _____ Zip _____

School phone # _____ School fax # _____

About the Program

Workshop name _____

Grade(s) taught _____

Number of teachers _____

Please let us know what date, time and location would work best for you

	Request Date	Request Start Time/End Time	At Shedd	At School
1 ST choice			[]	[]
2 ND choice			[]	[]
3 RD choice			[]	[]

Workshops are \$25 per participant **Total \$**

Payment Options

Check (mail upon receipt of confirmation) Credit card

Credit Card Payment

Credit card type Visa Mastercard Discover

Name on card _____

Card # _____ Expiration date _____ / _____

How do you prefer to receive your confirmation? Fax Mail

You will receive a confirmation letter when your reservation is booked. If you have any questions regarding an existing reservation, please e-mail groupreservations@sheddaqarium.org and be sure to include your confirmation number.

