

**Salt Lake City Diocesan Council of Catholic Women
2023 Convention Hotel Reservation**

Your hotel reservation must be postmarked on or before **MARCH 22, 2023**
SHERATON SALT LAKE CITY HOTEL
APRIL 22, 2023 to APRIL 23, 2023

Please submit reservation form by parish, *paying with one check payable to "DCCW"*. Rooms are available at a special convention rate of **\$122.00 (single & double occupancy) \$132.00 for triple & \$142.00 for quad occupancy**. All overnight hotel guests must be registered. This hotel is smoke free. **Note: guest rooms are furnished with double beds.**

Any reservation postmarked after **MARCH 22, 2023** is subject to hotel availability and is **NOT** guaranteed the preferred rate or tax exempt status. All incidental room charges are the responsibility of the individual guests. A credit card or cash deposit will be required at check in.

Please Print

Reservation Contact Name: _____

Phone: _____ Email: _____

Parish: _____ Deanery: _____

Room 1: Guest Names (Maximum of four) <i>Note: Additional fee for triple and quad occupancy!</i>	Thur.	Fri.	Sat.

Special needs & Instructions (if any):

Room 2: Guest Names (Maximum of four) <i>Note: Additional fee for triple and quad occupancy!</i>	Thur.	Fri.	Sat.

Special needs & Instructions (if any):

Room 3: Guest Names (Maximum of four) <i>Note: Additional fee for triple and quad occupancy!</i>	Thur.	Fri.	Sat.

Special needs & Instructions (if any):

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Room 4: Guest Names (Maximum of four) <i>Note: Additional fee for triple and quad occupancy!</i>	Thur.	Fri.	Sat.

Special needs & Instructions (if any):

Room 5: Guest Names (Maximum of four) <i>Note: Additional fee for triple and quad occupancy!</i>	Thur.	Fri.	Sat.

Special needs & Instructions (if any):

Room 6: Guest Names (Maximum of four) <i>Note: Additional fee for triple and quad occupancy!</i>	Thur.	Fri.	Sat.

Special needs & Instructions (if any):

Mail to Hotel Reservation Chair by 3/22/2023
Karen Fawbush
899 East 5575 South
Ogden, UT 84405

Phone: 801-549-8320
Email: krfawbush@gmail.com

Room Count: Thursday _____
 Friday _____
 Saturday _____

Total Amount Submitted: \$ _____

Make checks out to DCCW