



Proud Host of the
**Portland Cement Association
 Professional Promoters Workshop (PPWS)
 May 3 – May 5, 2005**

The North Shore Skokie Hotel & Executive Meeting Center- (formerly known as the Skokie Doubletree Hotel) is located only 12 miles from Chicago O'Hare International Airport. All guests will be provided amenities to make their stay more enjoyable: 24-hour room service, indoor/outdoor pool, exercise room, full gift shop, spacious lobby, the Daily Grill Restaurant and conveniently located across the street from the Westfield Old Orchard Shopping Center.

AIRPORT TRANSPORTATION

Hotel does not have shuttle to/from airport

Our recommended travel is American Taxi:

- ◆ **To/From O'Hare International Airport: \$24.00**
- ◆ **To/From Midway: \$44.00**

To schedule pick-up(s) call:
American Taxi Dispatch, Inc. at 847.255.9600

There are a limited amount of rooms set aside for the Portland Cement Association. Reservation requests will be guaranteed on a first come, first serve basis. Reservation requests are subject to availability. In the event that the rate or room type requested is not available, the closest available rate or room type will be assigned. All rates are subject to state and local taxes (currently 12.0%).

Guest rooms will be available for check-in at 3:00pm. Check-out is at 12:00pm (early check-in can be requested). Reservations must be cancelled by 6:00pm, 24 hours prior to the arrival date to ensure that a "No Show" fee will not be charged. It is recommended that you request and retain your personal cancellation number.

Portland Cement Association

Reference Group Code: PPWS

Accommodations and Rates

<input type="checkbox"/> Single: 1 person	<input type="checkbox"/> \$ 93.00
<input type="checkbox"/> Double: 2 people	<input type="checkbox"/> \$ 93.00

North Shore Skokie Hotel
 9599 Skokie Blvd
 Skokie, IL 60077

To make hotel reservations, please call or fax this form to:

Hotel Phone: 847 679 7000
Hotel Fax: 847 679 2327
Toll Free Reservations: 800 879 4458

Credit Card #: Visa Master Card AMEX

Expiration Date: _____

Cardholder Signature: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

Email address: _____

Arrival Date: _____

Departure Date: _____

Room Type request:

- One King Bed Two Double Beds
- Smoking Non-smoking

Sharing with:

1. _____

Reservations must be received by:

Friday, April 8, 2005