

EXHIBITOR HOUSING REQUEST OVERVIEW

IASB Contact Information:

Natalie Duke, 2921 Baker Drive, Springfield, IL 62703; Phone (217) 528-9688 ext. 1115; Fax (217) 241-2144; email registrar@iasb.com

- IASB has contracted (8) eight block hotels for the annual conference with a limited number of hotel rooms at each hotel.
- IASB has a limited number of “room-types” available and cannot guarantee you will receive the room-type you have requested. IASB forwards all requested room-types to the hotel(s). Hotels do their best to fulfill as many requests as they can accommodate.
- **Hospitality events** must be approved by the Director of Meetings Management. Email cbolt@iasb.com and type “2021 Hospitality Request” in the subject line.
- Be aware, some hotels have additional fees for early-departure and/or extra person(s) in room and no shows.
- Most hotels offer complimentary Wi-Fi in the guestroom(s).
- Housing request(s) require a **\$200 non-refundable deposit**, per hotel room requested. Housing form(s) received without the required \$200 per room non-refundable deposit will NOT be processed until payment has been received in full.
- **All housing requests are assigned based on availability and in order of receipt with payment.**

REQUESTING HOUSING:

1. Housing forms and information are located on the IASB website: www.iasb.com/conference/exhibit. Complete the housing form and return to IASB with required non-refundable deposit(s).

2. Payment.

- **If paying with credit card** (complete the Credit Card Authorization Form) — mail to IASB, Attn: Registrar, 2921 Baker Drive, Springfield, IL 62703; email to registrar@iasb.com; or fax to (217) 241-2144. Please make sure your credit card daily-limit will cover all fees. A 3% credit card processing fee will be added to each credit card transaction.
- **If paying with check**, mail to IASB, Attn: Registrar, 2921 Baker Drive, Springfield, IL 62703.

3. Confirmation. An email confirmation of housing placement will be sent to the Exhibit Booth Coordinator.

Housing Cancellation Deadline: Monday, October 4, 2021

IASB HOUSING PROCESS

- IASB receives/processes housing form with paid-exhibitor registration and \$200 non-refundable deposit per room requested. **Housing requests will not be placed until receipt of signed Exhibitor Contract and payment of booth space.**
- IASB makes assignments based on availability of preferences **at time of receipt**. Do not list hotels you will not accept. If your preference is unavailable, you will be contacted by email.
- Other hotel requests or room upgrades must be listed on the housing form (example: 2-bedroom suite, higher floor, lower floor, etc.).
- IASB sends housing requests with non-refundable deposits to each hotel in blocks (not daily).
- Hospitality events must be approved by the Director of Meetings Management. Email cbolt@iasb.com and type “2021 Hospitality Request” in the subject line.

NOTICE: IASB is the only official Conference housing bureau. Be aware of third parties placing calls or sending emails identifying themselves as the “official” housing bureau for Conference or claiming to be “affiliated with” or “working on behalf of” IASB for Conference housing. Sometimes these companies illegally use the IASB or event logo and other information to appear legitimate. Often they issue a warning that room blocks are selling out while providing the lure of a lower room rate. Booking through these third parties may subject attendees to, at worst, credit card fraud opportunities and/or no room reservations in their names upon arrival to Conference, and at best, lower-tier hotels or a hotel away from the Conference host hotel. If you are contacted by anyone other than IASB staff regarding your housing, please get as much information as you can and report it to: cbolt@iasb.com.

EXHIBITOR HOUSING FORM

Housing is assigned in order of receipt with payment. An email confirmation of housing placement will be sent to the email listed below. Please review the Exhibitor Housing Info/Instructions prior to completing this form. **Please note: housing deposits are non-refundable. Complete one form per hotel.**

Exhibit Booth Coordinator Name: _____

Company Name: _____

Address/City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Place number (1, 2, etc.) by hotel(s) <u>YOU WILL ACCEPT</u> , in order of preference (1-first choice, 2-second choice)	ROOM RATE	DEPOSIT (NON-REFUNDABLE)
_____ Hyatt Regency Chicago (Co-Headquarters), 151 East Wacker Drive, (312) 565-1234 unavailable	..... \$215	..... \$200 (per room requested)
_____ Sheraton Grand Chicago (Co-Headquarters), 301 East North Water Street, (312) 464-1000	..... \$215	..... \$200 (per room requested)
_____ Swissôtel Chicago, 323 East Wacker Drive, (312) 565-0565 unavailable	..... \$207	..... \$200 (per room requested)
_____ Fairmont Chicago, 200 N. Columbus, (312) 565-8000 unavailable	..... \$207	..... \$200 (per room requested)
_____ Chicago Marriott, 540 N. Michigan Avenue, (312) 836-0100	..... \$207	..... \$200 (per room requested)
_____ InterContinental Chicago, 505 North Michigan Avenue, (312) 944-4100	..... \$207	..... \$200 (per room requested)
_____ Embassy Suites by Hilton Chicago, 511 N. Columbus Drive, (312) 836-5900 unavailable	..... \$223	..... \$200 (per room requested)
_____ Royal Sonesta Chicago Riverfront, 71 East Wacker Drive, (312) 346-7100	..... \$159	..... \$200 (per room requested)

2021 Housing dates: Thursday, Nov. 18; Friday, Nov. 19; Saturday, Nov. 20; Sunday, Nov. 21

- | | | |
|---|--|--|
| (AR) Hotel Arrival Date | (S) Single (1 bed) | (CO) Company will pay charges upon departure |
| (DP) Hotel Departure Date | (D) Double (2 beds) | (RT) Room and tax charges-only |
| (GTD) Individual or Company guarantees to pay for this room, even if they do not show | (IND) Individual will pay charges upon departure | (AC) All charges: room, tax, parking, other |
| | | (RTP) Room, Tax, Parking |

	Name on Hotel Room Complete one form per hotel requested	November		GTD	Room Type		Billing		Charges		
		AR	DP	X	S	D	IND	CO	RT	AC	RTP
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

 Special needs _____

Other Requests (example: 2 bedroom suite, higher floor, lower floor, etc.) Please note requests are not guaranteed. Requests are based upon availability at check-in:

Hospitality Event Request. Requests must be approved by the Director of Meetings Management. Email cbolt@iasb.com. Type "2021 Hospitality Request" in your subject line.

PAYMENT INFORMATION

Check Enclosed, Payable to IASB, Attn: Exhibit Manager, 2921 Baker Drive, Springfield, IL 62703

Credit Card (Please complete the Credit Card Authorization Form) — email to registrar@iasb.com; fax to 217/241-2144

IASB USE-ONLY Total Rooms requested: _____ X \$200 = \$ _____ + 3% Credit Card Fee \$ _____ = Total Charges

CREDIT CARD AUTHORIZATION FORM

IASB • IASA • IASBO
Joint Annual Conference

Please complete the following information to make payment to IASB via credit card.

Company Information (All fields required)

Company Name (Full Legal Name) _____

Exhibiting Name (Directory Name) _____

Exhibit Booth Coordinator Name _____ Phone _____

IASB Service Associates: Please select your company from the list.

Billing Information

Company Name (Full Legal Name) _____

Billing Address _____

City _____ State _____ Zip _____

Invoice # (if applicable) _____ Booth(s) _____

Total Paid / Charge Amount \$ _____ (*same as below*)

Cardholder Signature _____

We understand all deposits are non-refundable and credit card payments are subject to all terms and conditions in the Exhibitor Contract including cancellations. **We also understand a non-refundable 3% processing fee will be applied to the final amount.**

In signing this form, it is understood that you have read and agree to the rules, regulations and stipulations listed in the contract for exhibit space.

Please send to: IASB, Attn: Exhibit Manager, 2921 Baker Drive, Springfield, Illinois 62703-5929; email to registrar@iasb.com; or fax to (217) 241-2144.

Please complete the following information. This section will be shredded once the credit card has been approved and payment has been deposited. **A 3% credit card processing fee will be added to the total.**

Exhibit Space \$ _____ Card No. _____

Advertising \$ _____ Expiration Date (MM/YY) _____ CVC _____

BINGO \$ _____ Name on Credit Card _____

Housing Deposit(s) \$ _____ Billing Zip Code _____

(*non-refundable*)

Total Paid / Charge Amount .. \$ _____