

EXHIBITOR HOUSING PROCESS OVERVIEW

IASB Contact Information:

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

- IASB has contracted (8) eight block hotels for the annual Conference with a limited number of hotel rooms at each hotel.
- A completed Exhibitor Contract and full-payment for booth space(s) must be received prior to IASB processing housing request(s).
- Housing request(s) require a **non-refundable \$200 deposit**, per guestroom requested. Housing form(s) received without the required **non-refundable \$200 deposit(s)** will **NOT** be processed until all housing deposit(s) has been received.
- All housing requests are assigned based on availability and in order of receipt (with all required housing deposits). **Do not list hotels you will not accept.** If your hotel preference is unavailable, you will be contacted by email.
- IASB has a limited number of “room-types” available and cannot guarantee you will receive the room-type you request.
- Housing requests — IASB forwards all room requests to the hotel(s). These requests must be noted on the housing form (example: higher floor, 2-bedroom suite, etc.). Hotels do their best to fulfill as many requests as they can accommodate.
- Be aware, some hotels have additional fees for no-shows, early-departure, and extra person(s) in room.
- Most hotels offer complimentary Wi-Fi in the guestroom(s) and public places.
- **OCTOBER 14, 2022** is the last day to submit new housing and request housing changes to IASB. Any housing changes after this date, may result in a higher rate than the IASB group rate. Hotel contact information will be posted to the conference website on this date.

IASB HOUSING PAYMENT

1. Complete the housing form and return to IASB with required non-refundable deposit(s).
2. **Payment Options:**
 - *Check Enclosed* – mail check (payable to IASB) and completed housing form to IASB at the address listed above. Completed forms may be emailed to nduke@iasb.com.
 - *Credit Cards* – Visa, MasterCard, Discover, and American Express are accepted. Please complete the credit card authorization form. **A 3% non-refundable processing fee will be charged for each credit card transaction.** Confirm your credit card daily limit to ensure your limit will cover all fees.
3. **Confirmation:** An email confirmation of housing assignment will be sent to the Exhibitor Booth Coordinator listed on the Exhibitor Contract.

IMPORTANT NOTICE

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 Housing Info/Instructions prior to completing this form. **Please note: housing deposits are non-refundable. Complete one form per hotel.**

District/Organization Name: _____

Primary Contact Name: _____

Contact Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Place number (1, 2, etc.) by hotel(s) YOU WILL ACCEPT , 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	\$221	\$200 (per room requested)
_____ Sheraton Grand Chicago (Co-Headquarters), 301 East North Water Street, (312) 464-1000	\$221	\$200 (per room requested)
_____ Swissôtel Chicago , 323 East Wacker Drive, (312) 565-0565	\$213	\$200 (per room requested)
_____ Fairmont Chicago , 200 N. Columbus, (312) 565-8000	\$211	\$200 (per room requested)
_____ Chicago Marriott , 540 N. Michigan Avenue, (312) 836-0100	\$213	\$200 (per room requested)
_____ InterContinental Chicago , 505 North Michigan Avenue, (312) 944-4100	\$213	\$200 (per room requested)
_____ Embassy Suites by Hilton Chicago , 511 N. Columbus Drive, (312) 836-5900	\$235	\$200 (per room requested)
_____ Royal Sonesta Chicago Riverfront , 71 East Wacker Drive, (312) 346-7100	\$215	\$200 (per room requested)

2022 Housing dates: Thursday, Nov. 17; Friday, Nov. 18; Saturday, Nov. 19; Sunday, Nov. 20

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|---------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| (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:

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 nduke@iasb.com; fax to (217) 241-2144

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