

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 requested.**

District/Organization Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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)
<del>_____ Hyatt Regency Chicago (Co-Headquarters), 151 East Wacker Drive, (312) 565-1234</del>	<del>.....\$222</del>	<del>.....\$200 (per room requested)</del>
_____ Sheraton Grand Chicago (Co-Headquarters), 301 East North Water Street, (312) 464-1000	.....\$227	.....\$200 (per room requested)
_____ Swissôtel Chicago, 323 East Wacker Drive, (312) 565-0565	.....\$219	.....\$200 (per room requested)
_____ Fairmont Chicago, 200 N. Columbus, (312) 565-8000	.....\$217	.....\$200 (per room requested)
_____ Chicago Marriott, 540 N. Michigan Avenue, (312) 836-0100	.....\$219	.....\$200 (per room requested)
_____ InterContinental Chicago, 505 North Michigan Avenue, (312) 944-4100	.....\$219	.....\$200 (per room requested)
_____ Embassy Suites by Hilton Chicago, 511 N. Columbus Drive, (312) 836-5900	.....\$241	.....\$200 (per room requested)
_____ Royal Sonesta Chicago Riverfront, 71 East Wacker Drive, (312) 346-7100	.....\$221	.....\$200 (per room requested)

**2023 Housing dates: Thursday, Nov. 16; Friday, Nov. 17; Saturday, Nov. 18; Sunday, Nov. 19**

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

	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.											

Person(s) sharing room: If any registrant above has someone sharing their room, please list registrant and guest name below:

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: Registrar, 2921 Baker Drive, Springfield, IL 62703
- ACH Payment**, Please contact Karen Faith at [kfaith@iasb.com](mailto:kfaith@iasb.com) or call (217) 528-9688 ext. 1446
- Credit Card** (Please complete the Credit Card Authorization Form) — email to [registrar@iasb.com](mailto:registrar@iasb.com); fax to (217) 241-2144

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