

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) <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	\$234.....	\$200 (per room requested)
_____ Sheraton Grand Chicago (Co-Headquarters), 301 East North Water Street, (312) 464-1000	\$234.....	\$200 (per room requested)
_____ Swissôtel Chicago , 323 East Wacker Drive, (312) 565-0565	\$226.....	\$200 (per room requested)
_____ Fairmont Chicago , 200 N. Columbus, (312) 565-8000	\$226.....	\$200 (per room requested)
_____ Chicago Marriott , 540 N. Michigan Avenue, (312) 836-0100	\$226.....	\$200 (per room requested)
_____ InterContinental Chicago , 505 North Michigan Avenue, (312) 944-4100	\$226.....	\$200 (per room requested)
_____ Embassy Suites by Hilton Chicago , 511 N. Columbus Drive, (312) 836-5900.....	\$248.....	\$200 (per room requested)
_____ Royal Sonesta Chicago Riverfront , 71 East Wacker Drive, (312) 346-7100	\$227.....	\$200 (per room requested)

2024 Housing dates: Thursday, Nov. 21; Friday, Nov. 22; Saturday, Nov. 23; Sunday, Nov. 24

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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.											

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