EXHIBITOR HOUSING FORM

Township Officials of Illinois Annual Educational Conference November 13 – 15, 2016

Please complete one form per room reservation and mail to: TOI Housing Bureau P.O. Box 621 Springfield, IL 62705

Read Housing Information for all reservation request policies and procedures. This information is available in the *Township Perspective* and on the TOI website, <u>www.toi.org</u>. Housing forms will only be accepted when accompanied by credit card information. Confirmation of hotel assignment will be emailed* the week of October 24th.

Please type or print all information legibly

Name reservation should be listed un	der:	
Number of people in room	Names of additional people in r	room:
Township	County	
Address:	City:	State:
Zip Code: l	Phone:	*Email:
Date of arrival:	D	ate of departure:
*Email address required for reservation	on assignment confirmation. See	Hotel Procedures for all hotel email addresses.
come, first-serve basis, and hotel assignmer preference #1, #2, #3, etc. If your first requirements with the Crowne Plaza, presture nights and later changed risk being will be placed at the Crowne Plaza if rook. Rate at all hotels except the Residence In hotels. A shuttle will be provided from a Candlewood Suites Hampton Inn Indicate your preferred room type. The smoking. King Double/Double Indicate any special requirements: Handicap Accessible: Type	nent will be made based on type and choice is not available you will be plearence will be given to those requestharged for three nights and/or most are available after all three night in is \$95 plus tax. Rate at Residence overflow hotels to the Crowne Plaza Comfort Suites Holiday Inn Express are are requests only and can not be good Smoking: (Hampton Interpretation of handicap accessibility required to by the TOI Housing Bureau by O by the TOI Housing Bureau by O	Inn is \$109.99 plus tax. Parking is complimentary at all See Housing Information for hotel amenities. Crowne Plaza Residence Inn quaranteed. The Hampton Inn is the only hotel that allows an only) Non-smoking: d: ctober 13, 2016. Housing forms received after October 13th
	l be emailed* after October 24. [Oo not contact hotels prior to October 24th as hotel
Card Type	, ,	escivation fists.
Card #		Expiration date:
Name on Credit Card:		Expiration date.
Signature:		