

HOUSING FORM
TOI Annual Educational Conference
November 10 – 12, 2019

Please complete one form per room reservation and **mail to:**

TOI Housing Bureau
P.O. Box 621
Springfield, IL 62705

****DO NOT FAX****

Read Housing Information for all reservation request policies and procedures.

This information is available in the *Township Perspective* and on the TOI website, www.toi.org.

Housing forms will only be accepted **when accompanied by credit card information.**

Confirmation of hotel assignment will be emailed* the week of October 21st.

Please type or print all information legibly

Name in which reservation should be made: _____

Number of people in room _____ Name of additional people in room: _____

Township _____ County _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ *Email: _____

Date of arrival: _____ Date of departure: _____

***Email address required for reservation assignment confirmation.**

HOTEL INFORMATION

You will be placed at the Crowne Plaza, Holiday Inn Express, or at an overflow hotel if needed. All requests are considered on a first-come, first-serve basis, and hotel assignment will be made based on type and length of reservation and hotel availability.

Preference will be given to those requests for a minimum of two nights. Reservations made for two nights and later changed risk being charged for two nights and/or moved to another hotel. **Room rate at the Crowne Plaza and Holiday Inn Express is \$98 plus tax per night.**

Parking is complimentary at all hotels. A shuttle will be provided from overflow hotels to the Crowne Plaza if necessary.

Indicate your preferred room type. This a request only and can not be guaranteed.

King _____ Double/Double _____ Indicate any special requirements: _____

Handicap Accessible: _____ Type of handicap accessibility required: _____

Housing forms **MUST BE RECEIVED** by the TOI Housing Bureau by **October 9, 2019**. Housing forms received after October 9th will not be honored. **Housing forms will only be accepted when accompanied by credit card information.**

Confirmation of hotel assignment will be emailed* after October 21. Do not contact hotels prior to October 21st as hotel assignments may not have been made and hotels will not yet have received reservation lists.

Card Type _____

Card # _____

Expiration date: _____

Name on Credit Card: _____

Signature: _____