EXHIBITOR HOUSING FORM

TOIAnnual Educational Conference November 10 – 12, 2019

Please complete one form per room reservation and <u>mail to</u>:
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, <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 21st.

Please type or print all information legibly

Name in which reservatio	n should be made:				
Number of people in room	m Name of add	litional people in r	oom:		
Company					
Address:		City:		State:	
Zip Code:	Phone:		*Email:		
Date of arrival:		Date of departure:			
*Email address require	d for reservation assign	ment confirmatio	on.		
changed risk being charge Inn Express is \$98 plus Parking is complimentary Indicate your preferred ro King Double/	at all hotels. A shuttle will bom type. This a request of Double Indicate.	moved to another Il be provided from only and can not be cate any special rec	hotel. Room rate a m overflow hotels to e guaranteed. quirements:	ons made for two nights and later at the Crowne Plaza and Holiday to the Crowne Plaza if necessary.	
Housing forms MUST B	E RECEIVED by the T	OI Housing Burea	au by October 9, 2 0	019. Housing forms received after panied by credit card information.	
Confirmation of hotel assignments may not have				ct hotels prior to October 21st as hotel sts.	
Card Type					
Card #			Expiration	date:	
Name on Credit Card:					
Signature:					