**HOUSING FORM**

**TOI Annual Educational Conference**

**November 11-13, 2024**

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

TOI Housing Bureau

3217 Northfield Drive

Springfield, IL 62702

**Read Housing Information for all reservation requests 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 assignments will be **emailed** the week of October 14th.

**Please type or print all information legibly.**

Name in which reservation should be made:

Number of people in room: Name (s) of additional people in room:

Township: County:

Zip Code: Phone: Email:

Date of arrival: Date of departure:

**EMAIL ADDRESS REQUIRED FOR RESERVATION ASSIGNMENT (CONFIRMATION OF**

**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 by date of receipt, and if you are registered for the conference. Hotel assignment will be made based on type and length of reservation and hotel availability. **If you need a handicap accessible reservation, please turn in a housing form as soon as possible. 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 $106 plus tax per night.**

Indicate your preferred room type. This is a request only and cannot be guaranteed.

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

**Handicap Accessible**: **Type of Handicap accessibility needed**:

Housing forms **MUST BE RECEIVED** by the TOI Housing Bureau by **October 4, 2024**. Housing forms received after October 4th will not be processed.

Confirmation of hotel assignment will be **emailed** the week of October 14, 2024.

**Card Type**: **Card #**:

**Expiration date**: **Name on Credit Card**:

**Signature**: