

HOUSING FORM
TOI Annual Educational Conference
November 12-14, 2023

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 with credit card information.
Confirmation of hotel assignments will be emailed the week of October 16th.

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 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 6, 2023**. Housing forms received after October 6th will not be processed.

Confirmation of hotel assignment will be **emailed** after October 16, 2023.

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

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

Signature: _____