

# Hotel Room Assignment Listing

\*Duplicate form as needed\* \*Make Your Own Reservations With The Hotel\*

**\*Please do not include IASC Executive Board Members**

Organization Name: IASC

School Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Departure Date: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## **Room #1 (Advisor's Room)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## **Room #3**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## **Room #5**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## **Room #2**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## **Room #4**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## **Room #6**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**MAIL THIS FORM WITH YOUR PAYMENT FOR REGISTRATION AND ONLINE CONFIRMATION TO:**

**Marsha Kirby  
Sullivan High School  
725 N. Main St.  
Sullivan, IL 60175**