

Hotel Room Reservations

(Duplicate form as needed)

Please send form to: Hilton Springfield

Attn: Audrey Evans

700 East Adams

Springfield, IL 62701

or fax to 217-522-5346

Please print or type.

Organization name: **Illinois Association of Student Councils (IASC)**

School Name			
School Address		City:	Zip Code:
School Phone		School Fax	
Advisor's Name			
Advisor's Phone		Advisor's Email (required)	
Arrival Date and Time		Departure Date and Time	
<p>**Please exclude Executive Board members from the information below.</p> <p>In the space below write the name of each person who will be staying in the rooms.</p>			
Room One Advisor's Room . Single, Double, Triple, Quad (circle one)	Room Two Male or Female Single, Double, Triple, Quad (circle one)	Room Three Male or Female Single, Double, Triple, Quad (circle one)	Room Four Male or Female Single, Double, Triple, Quad (circle one)
Credit Card Information (required)			
Credit Card Number			
Name on Credit Card			
Expiration Date			
Room Rate		Room Rate	
Number of Rooms		Number of Rooms	
Number of Nights		Number of Nights	
Total Due		Total Due	