

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:

**Max Wilson
Taylorville High School
815 W. Springfield Rd.
Taylorville, IL 62568**