

Hotel Room Listing

**Duplicate form as needed
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 # 2

1. _____
2. _____
3. _____
4. _____

Room # 3

1. _____
2. _____
3. _____
4. _____

Room #4

1. _____
2. _____
3. _____
4. _____

Room # 5

1. _____
2. _____
3. _____
4. _____

Room # 6

1. _____
2. _____
3. _____
4. _____

Mail with Check and Printed Online Confirmation to:

Ms. Linda Pickett
Columbia High School
77 Veterans Pkwy
Columbia, IL 62236