

Reservation Request

113th Anniversary Dinner
Saturday, December 1, 2018

Renaissance Hotel Chicago

1 West Upper Wacker Drive, Chicago, Illinois 60601 (312) 372-7200

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

# of Tickets	Member(s) \$200.00	Guest(s) \$250.00	Guest(s) Age 35 and under \$125.00	Ball State Alumni \$200.00

The names in my party are:

Please designate the below reservations as M (Member), G (Guest), G35 (Guest 35 and under) or BSU (Ball State Alum).

- | | | | |
|----------|---|-----------|---|
| 1) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU | 6) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU |
| 2) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU | 7) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU |
| 3) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU | 8) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU |
| 4) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU | 9) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU |
| 5) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU | 10) _____ | <input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> G35 <input type="checkbox"/> BSU |

If you are unable to furnish the names of your Guest(s) at this time, please submit them to the Indiana Society of Chicago Foundation by **NO LATER than November 19, 2018**, in order to have the name(s) appear in the printed program.



Although there is no limit on the number of guests, each individual table typically seats ten (10) persons. **No refunds will be made for cancellations received after November 27, 2018** – however, substitutions will be accepted.

Please seat me (us) with: _____

Enclosed is my check in the amount of \$ _____.

Pay with a credit card: Visa Mastercard AMEX Discover
Cardholder Name: _____ Signature: **X**
Card #: _____ Expiration: _____ / _____ CVV #: _____

Hotel Reservations

Our rate at the Renaissance Hotel Chicago is \$149 single or double + taxes.

Complete the section below to reserve a room. For multiple reservations, please attach a list with arrival & departure dates. Reservations may also be completed online at <https://book.passkey.com/e/49769423>.

Name: _____
Arrival Date: _____ Departure Date: _____ Room Selection: Single Double
Cardholder Name: _____ Signature: **X**
Card #: _____ Expiration: _____ / _____ CVV #: _____

If you wish to make an additional **tax-deductible donation** to benefit the Indiana Society of Chicago Foundation, Inc. please indicate the amount of your contribution: \$ _____.

Mail check along with completed form to the Indiana Society of Chicago Foundation, P.O. Box 46129, Chicago, IL 60646 or send via fax (847) 647-7366 or email office@indianasocietyofchicago.org. To register online visit indianasocietyofchicago.org/dinner.