Indiana Society of Chicago Foundation, Inc.

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RESERVATION REQUEST 118th ANNIVERSARY DINNER SATURDAY, DECEMBER 2, 2023 RENAISSANCE CHICAGO DOWNTOWN HOTEL 1 West Upper Wacker Dr., Chicago, Illinois 60601, (312) 372-7200

Enclosed is my check in the amount of \$_____. This covers payment for ____ Guests at \$300 each. The cost of a TABLE – 10 Guests - \$2,7000 – Please send check(s) to the ISOC Foundation at address above. The names in my party are: 1)_______6)_____ ______10)_____ OR: YOU MAY PAY WITH A CREDIT CARD: _____Visa ____ Mastercard ____ AMEX ____ DISCOVER Please seat me (us) with: If I am unable to furnish the names of my Guests at this time, I will submit them to you NO LATER than November 17th, in order to have these names appear in the printed program. ADDRESS: _____ STATE: _____ ZIP: _____ TEL: _____ EMAIL ADDRESS: Although there is no limit on the number of guests, the maximum capacity for each individual table is generally ten persons. No refunds will be made for cancellations received after November 27, 2023 - however, substitutions will be accepted. If you wish to make an additional tax-deductible donation to benefit the Indiana Society of Chicago Foundation, Inc. please check here

and indicate the amount of your contribution: \$ HOTEL RESERVATIONS: You may make your reservations on - line by using this link: https://book.passkev.com/e/50493962 Hotel Reservations using this link must be made by November 1st - Or you may mail this form to PO Box 46129, Chicago, IL 60646, or scan and email to: IndianaSociety@aol.com Or you may go to our website to register on line at www.indianasocietyofchicago.org Our rate at the Renaissance Chicago Downtown Hotel is \$169 - King, or Queen bed, are based upon availability not including taxes. For multiple reservations, please attach a list with arrival & departure dates. Reservations must be received by November 1st. Name: ______ Address: _____ City:_____State: ____Zip code:_____ Phone:_____ email: ____

Arrival Date: _____ Departure Date: _____ Queen Bed: ___ King Bed: ____

Credit Card #: _____ Signature: ____