

# Housing Request Application



**THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED, BY APRIL 21, 2017.**

## CONTACT INFORMATION:

Exhibiting Company:			
Primary Contact Person:			
Address:			
City:	State/Province:	Postal Code:	Country:
Telephone:		Email:	

## HOUSING INFORMATION

Date(s) of Arrival:	Date(s) of Departure:
Number of Rooms Required:*	
<b>Additional Information/Comments:</b> <i>(50-word maximum)</i>	
<small>* The AADSM will only approve a block of rooms if it is equal to or less than the number of rooms that the group utilized during the previous year's annual meeting. If the group requires additional accommodations, please provide the rationale in the additional information/comments space above.</small>	

**PLEASE SUBMIT  
THIS FORM TO:**

**AADSM Meeting Department**  
**Attn:** 2018 Annual Meeting  
1001 Warrenville Road, Suite 175  
Lisle, IL 60532

**Phone:** (630) 686-9875  
**Fax:** (630) 686-9876  
**Email:** [AnnualMeeting@aadsm.org](mailto:AnnualMeeting@aadsm.org)