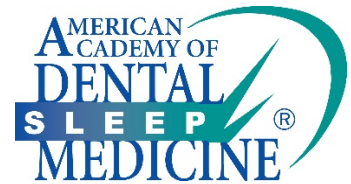


Housing Request Application

THE AADSM MUST RECEIVE THIS APPLICATION, FULLY COMPLETED, BY APRIL 4, 2025.



This application is only required for those booking 10 rooms or more.

CONTACT INFORMATION

Exhibiting Company:	
Primary Contact Person:	
Telephone:	Email:

HOUSING INFORMATION

Date(s) of Arrival:	Date(s) of Departure:
Number of Rooms Required*:	
Additional Information/Comments: (50-word maximum):	
<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
Attn: Megan Scanlan
901 Warrenville Rd., Suite 180
Lisle, IL 60532

Phone: (630) 686-9874
Fax: (630) 686-9876
Email: mscanlan@aadsm.org