



HOLIDAY INN & SUITES CHICAGO NORTH SHORE SKOKIE
HOME OF SKOKIE BANQUET AND CONFERENCE CENTER
& BAR LOUIE SKOKIE
5300 W. TOUHY - SKOKIE, IL 6007
HOTEL PHONE: 847-679-8900

9.18.25

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

Thank you for your interest in the Holiday Inn Chicago North Shore for the

Northeastern Illinois University Ethics

Guest Room Requirements.

The Rooms Contract is attached for your review and signature. To confirm these arrangements, if all meets with your approval, please sign and email back to me by

09-25-2025

We are delighted to welcome you to our hotel. We appreciate your business!

Date: September 19, 2025 **REV DATE/YEAR 2025**
Booking ID: 3084357
Company/Group/Organization: Northeastern Illinois University
Event Name: **Northeastern Illinois University Ethics Bowl**
Group Code: **NEB**
Contact Name: Tom Antrim
Contact Address: 5550 St. Louis
Chicago, IL 60625
Contact Telephone Number: 773-442-5870 TESOL office
Contact Email: T-Antrim2@neiu.edu

GUEST ROOM ACCOMMODATIONS

DAY	DATE	2 DOUBLES NS	TWO QUEEN BED EXECUTIVE	TOTAL ROOMS
Friday	11-14-25	35 \$129.00	10 \$129.00	45
Saturday	11-15-25	35 \$129.00	10 \$129.00	45

Notes:

- The rate includes up to three breakfasts per room, per night.
 - If a 4th breakfast is required, it can be purchased at check-in.
- Rate is + 14.5% tax per room/per night.
- Maximum 4 people per room (two beds).

The code allows guests to book rooms within the parameters established in the grid. Anything outside of these parameters – dates or room types – please contact the hotel representative directly. 847-763-3011 (Toni)

PLEASE NOTE: No outside food or beverage is allowed in the hotel's public areas (i.e. the indoor Atrium or indoor Terrace).

RESERVATION PROCEDURE
<input checked="" type="checkbox"/> INDIVIDUAL CALL IN*
CUT OFF DATE: 10-14-2025
<input checked="" type="checkbox"/> INDIVIDUALS PAY ALL CHARGES

PHONE

1 888 HOLIDAY (1 888 465 4329)

ONLINE

***TO RESERVE YOUR GUESTROOM ONLINE**

BLOCK NAME: **Northeastern Illinois University Ethics**

GROUP CODE: **NEB**

INSTRUCTIONS ON HOW TO BOOK ROOMS

1. Visit web site: www.hiskokie.com
2. On this page, input dates: ARRIVAL **DEPARTURE** then click on **BOOK NOW**
3. The screen will show available room types.
4. Select Room. (i.e.: 1 Bed, 2 Beds, etc.) Average Daily "Member" Rate will show.
5. Upper right side: click on "Change Search."
6. Click on the drop-down menu and select "Group Rate."
7. Then, type in the (3) letter Block Code: **NEB** Screen will show rooms/rate associated with the Group Code

LINKS (may not work from a mobile phone or device)

Short Link

ETHICSBOWL

Long Link

https://www.ihg.com/redirect?path=rates&brandCode=HI&localeCode=en®ionCode=1&hotelCode=chisk&checkInDate=14&checkInMonthYear=102025&checkOutDate=16&checkOutMonthYear=102025&_PMID=99801505&GPC=NEB&cn=no&adjustMonth=false&showApp=true&monthIndex=00

Rollaway Fee: \$10 + tax per room/per night and are allowed only in king-bedded rooms.

Baggage Handling In \$5.00 **/Out** \$5.00 per person ____ Required ☒ **Not Required**

RESERVATION CUT-OFF DATE

The Holiday Inn North Shore agrees to hold the block of sleeping rooms noted above until **10-14-2025**. At that time, rooms not covered by the rooming list or individual reservations will be released for general sale. We will continue to accept reservations from your attendees after this date based on room & rate availability.

All reservations will need to be guaranteed by credit card or first night's reservation fee, therefore if an individual reservation must be canceled, please notify us 24 hours (1 day) before arrival to avoid being billed for the first night's stay.

Check-in time is 3:00 pm and checkout time is prior to Noon on the day of departure. At the time of check-in, an approval/authorization of \$50.00 p/night will be taken from the credit card to cover potential incidental charges. **There is a fee for early check-in and late check-out, and both are pending availability.**

Credit cards are authorized for room/tax and incidental fees at check-in.

PAYMENT ARRANGEMENTS/SCHEDULE

Billing arrangements for all events must be made in accordance with hotel policies. The Holiday Inn North Shore Accounting Department must authorize all requests for direct billing. **Direct Billing is for Corporate Accounts only and does not apply**

to **social events**. Direct Bill applications must be received no later than two weeks prior to the start of the function to obtain approval. Approved Direct Bill accounts are due no later than (30) thirty days after the completion of your function. All accounts over (30) thirty days will accrue interest at 1 ½% per month or 18% per annum. **Full prepayment of any function not approved for direct billing is due no later than thirty (30) days prior to the start of your function.**

CANCELLATION POLICY

ATTRITION

FORCE MAJEURE

The performance of this agreement is subject to any circumstances that would make it legally impossible or impractical to provide or use the Holiday Inn North Shore facilities which include acts of nature, acts of terrorism, acts of war, government regulations, disaster, strikes, civil disorder or curtailment of transportation facilities. This agreement may be terminated for any of the above reasons by written notice from the Holiday Inn North Shore or Northeastern Illinois University.

CONFIDENTIALITY

The terms and conditions of this agreement are **confidential** between the parties and should not be disclosed to anyone else, except as shall be necessary to effectuate its terms. Any disclosure in violation of this section shall be deemed material breach of this agreement.

AMERICANS WITH DISABILITIES

Both the Group and the Hotel shall be responsible for compliance with the public accommodation requirements of the American with Disabilities Act as defined by law. The hotel shall provide, to the extent required by the Act, such auxiliary aids and/or services as may be reasonably requested, provided that the Group gives reasonable advance written notice to the Hotel of such needs. The Group shall be responsible for the cost of any auxiliary providers and sign language interpreters.

COMMISSION

The guest room rates listed herein are net, non-commissionable. The hotel is not responsible for the payment of commission(s) to any entity or individual unless specifically agreed to in this Agreement. The organization will advise its designated agency/agencies of these rates and address any resulting agency compensation issues directly with the management of the appropriate agency.

HOTEL FACILITIES – Hours are subject to change without notice.

- **Swimming Pool /Whirlpool Hours:** 09:00 am – 09:00 pm daily
- **Fitness Center Hours:** 09:00 am – 09:00 pm daily
- **Bar Louie Tavern & Grill Restaurant:**
 - Breakfast 06:30am – 10:00am Daily
 - Lunch-Dinner-Late Night Sun – Thu - 11:30am– 11pm (kitchen closes 10pm)
Fri/Sat - 11:30am – 01:00am (kitchen closes 11pm)
- **Atrium Hours:** In consideration for our guests, the atrium has a “no activity” policy beginning at 09:00 pm daily. This includes loud talking, music, etc. No outside food is allowed in the hotel’s public areas, i.e. indoor Atrium, or indoor Terrace.

PARKING INFORMATION

The hotel does not provide truck or RV parking, a fee up to \$150.00 will be applied. A parking permit is required for all guests which can be obtained at check-in.

PET POLICY

Only pets under 50 pounds are allowed. A \$50 non-refundable pet fee will be applied. We do not charge for service animals. Long term stays of 30 days or more additional fees apply.

DAMAGE AND LIABILITY/NON-SMOKING

In the event of damage to guest rooms due to negligence or smoking, the cost of repair and/or replacement will be the responsibility of your organization and/or individual guests. **A \$250.00 fee will be applied to any guestrooms in which a guest has smoked.**

**AUTHORIZED SIGNATURE**

If the above arrangements meet with your approval, please sign, and return the original contract to my attention.

- I, as an authorized officer for the above-referenced organization, agree to the above contract as outlined, and commit to making this agreement definite and binding. I further agree that a facsimile copy of this agreement will be as valid and binding as an original copy:

➤

Tom Antrim Northeastern Illinois University Ethics

(PLEASE SIGN)

Date

9.18.25

Vincent Ziga /tln

Block Date: 11-14-2026
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HOLIDAY INN CHICAGO NORTH SHORE - CREDIT CARD AUTHORIZATION FORM

NORTHEASTERN ILLINOIS UNIVERSITY ETHICS		GROUP CODE: NEB	11-14-2025
CREDIT CARD #:	N/A – INDIVIDUALS PAY FOR OWN ROOMS		
EXP.	SECURITY CODE:		
PRINT FULL NAME ON CARD:			
➤ SIGNATURE OF CARD HOLDER: (PLEASE SIGN)			

ATTENTION: Toni Mengarelli toni@lakhanihospitality.com
for Vince Ziga vincent@lakhanihospitality.com

I hereby authorize the Holiday Inn North Shore to charge the above credit card for any reservation fees, deposits and charges incurred. I also hereby acknowledge and agree this card will be charged for any balance due at the end of the function. Signature on credit card authorization assumes acceptance of all terms and conditions as noted in the Sales Contract. **Thank you for your business and we look forward to helping you host a successful event.**

Please email signed contract