

**GRAND CHAPTER OF IOWA – HOUSING FORM – OUT OF STATE MEMBERS**

**148<sup>TH</sup> “HOME SWEET HOME” Session**

**November 13-16, 2025**

**Holiday Inn/Airport, 6111 Fleur Drive, Des Moines, Iowa 50231**

**King Room Rate of \$125.00/night plus applicable taxes and fees**

**w/2 Queens Rate \$125.00/night plus applicable taxes and fees**

**All Rooms are Non-Smoking**

**Call reservations in to Holiday Inn Airport, 515-287-2400 and use code: Eastern Star**

**Or Reserve room online: Link will be on the Iowa OES Web Page under Grand Session**

**Or Mail this form to: Holiday Inn Airport, 6111 Fleur Drive, Des Moines, Iowa 50321 Attn: Janice**

**Overflow Hotel Information Available Upon Request from Housing Chairman (when hotel is full)**

**Please use a separate form for EACH ROOM requested (form may be duplicated)**

**Reservations must be received at Hotel by October 23, 2025, and may be cancelled by 6:00 pm on the day prior to arrival.**

Name \_\_\_\_\_

OES Title(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

**Please indicate 1st and 2nd Choice**

Room/Bed Style Preferred: King Bed \_\_\_\_\_ (1-2 people) 2 Queen Beds \_\_\_\_\_ (3-4 people)

Please indicate any special needs: \_\_\_\_\_

Credit Card (circle one): Visa Master Card Discover American Express

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ALL RESERVATIONS MUST BE RESERVED WITH A CREDIT CARD**

**A CREDIT CARD MUST BE ON FILE WITH THE HOTEL FOR EACH PERSON SHARING THE ROOM**

**EACH INDIVIDUAL IN THE ROOM MUST CHECK IN WITH THE FRONT DESK!!**

**Names and Title(s) of those sharing this room with above listed individual:**

**Name:** \_\_\_\_\_ **Title(s)** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title(s)** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title(s)** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**For questions/more information contact: Dannine Gnat, Housing Chairman**

**Cell: 712-389-4532, or Email: [dgnat@mchsi.com](mailto:dgnat@mchsi.com)**