

GRAND CHAPTER OF IOWA — HOUSING REQUEST FORM — IOWA MEMBERS

139th "Wings of Friendship" Session

October 20 — 23, 2016

The Meadows Hotel, Event & Conference Center — 1 Prairie Meadows Drive — Altoona, IA

Flat Room Rate of \$117.00/Night plus applicable taxes

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

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

Reservations must be received by October 3, 2016

Rooms/Bed styles will be assigned in the order the reservations are received.

Most rooms are non-smoking; limited number of smoking rooms available.

Name: _____ OES Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work)

E-mail Address: _____

Check-In Date: _____ Check-Out Date: _____

Please indicate 1st and 2nd Choice

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

Room/Smoking Preference: Non-Smoking: _____ Smoking: _____

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.

NOTE CHANGE: A CREDIT CARD MUST BE ON FILE FOR EACH PERSON SHARING THE ROOM
EACH INDIVIDUAL IN THE ROOM MUST CHECK IN WITH THE FRONT DESK!!!

Names and Titles of those sharing this room with the above:

Name: _____

Title: _____

Credit Card Number: _____ Type: _____ Expiration date: _____

Name: _____

Title: _____

Credit Card Number: _____ Type: _____ Expiration date: _____

Name: _____

Title: _____

Credit Card Number: _____ Type: _____ Expiration date: _____

EVERYONE MUST CHECK IN AT THE HOTEL DESK

Mail this form to: Mrs. Janice Halverson – P.O. Box 302 – Slater, IA 50244-0302
PH: 515-228-3238 email: rehalver@huxcomm.net

If you would like a confirmation, please include a SASE.
(Not available until 10 days prior to session)

Name: _____

Hotel: _____ Confirmation Number: _____