

GRAND CHAPTER OF IOWA - OUT OF STATE - HOUSING REQUEST FORM

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: _____