

GRAND CHAPTER OF IOWA – HOUSING REQUEST FORM – IOWA MEMBERS

141<sup>st</sup> “Heart of the Country” Session

October 18 – 21, 2018

Cedar Rapids Marriott – 1200 Collins Road NE – Cedar Rapids, IA

King Suite with Queen Sofa Sleeper \$129 per night plus applicable taxes, etc.	Standard Guestroom with 2 Double Beds \$119 per night plus applicable taxes, etc.
---	--

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

**Reservations must be received by September 30, 2018**

**Rooms/Bed styles will be assigned in the order the reservations are received.  
All rooms are non-smoking**

Name: \_\_\_\_\_ OES Title: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

E-mail Address: \_\_\_\_\_

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

**Please indicate 1<sup>st</sup> and 2<sup>nd</sup> Choice**

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

**All Rooms – Non 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**  
**Larry and Deb Jones – 315 S. Dewey - Osceola, IA 50213**  
**PH: 641-342-4645**  
**email: [Inmjones@iowatelecom.net](mailto:Inmjones@iowatelecom.net) or [gdownin1@iowatelecom.net](mailto:gdownin1@iowatelecom.net)**

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

Name: \_\_\_\_\_

Hotel: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_