

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

146th “HERO” Session

October 19-22, 2023

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

King Suite Room Rate of \$133.00/Night plus applicable taxes and fees
Standard Guestroom w/2 double beds Room Rate of \$123.00/Night plus applicable taxes and fees
All Rooms are Non-Smoking.

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 September 30, 2023

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

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: King Suite: _____ (1-2 people) Standard Guestroom 2 double 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.

**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. Dannine Gnat – 1201 S.E. Innsbruck Drive – Ankeny, IA 50021**
PH: 515-257-8726 E-mail: dgnat@mchsi.com

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

Name: _____

Hotel: _____ Confirmation Number: _____