

**GRAND CHAPTER OF IOWA - HOUSING FORM - IOWA MEMBERS**

**147<sup>TH</sup> "Life is a Journey" Session**

**November 7-10, 2024**

**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 17, 2024, 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: Deb Jones, Housing Chairman  
Cell: 712-370-1027, Home: 641-342-4645 Email: [gdwallin1@iowatelecom.net](mailto:gdwallin1@iowatelecom.net)**