

# STANDARD HOUSING FORM

## ORDER OF THE EASTERN STAR ~ 154TH GRAND CHAPTER SESSION

### OCTOBER 9-14, 2023

*PLEASE USE THIS FORM FOR YOUR HOTEL REGISTRATION ONLY  
(PLEASE PRINT)*

**DISTRICT** \_\_\_\_\_

Name \_\_\_\_\_ Day Phone(\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Email Address \_\_\_\_\_

Check room type desired:     Single (1 person, 1 bed)     Twin Double (2 ppl, 2 beds)     Double (2 ppl, 1 bed)  
     Triple (3 ppl, 2 beds)     Quad (4 ppl, 2 beds)

**\* ALL REQUESTS FOR SUITES AND HOSPITALITY ROOMS WILL BE ASSIGNED ON AVAILABILITY.**

**Check here if a handicap-accessible room is requested** and explain handicap:     Use a Walker.     Use a Wheelchair  
 Need Walk in Shower     Need grab bars in shower or tub.     Have difficulty walking but am not handicapped.

Explain Extent of Need: \_\_\_\_\_

**\*\*\*\*NOTE: Each hotel has a limited number of handicapped accessible rooms. They will be assigned on a case by case basis and there is no guarantee if you request one that you will get one. Please be as fair as possible in making your requests for accommodations.**

Name(s) of additional occupant(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HOTELS: To facilitate your request, indicate your 1<sup>st</sup> through 3<sup>rd</sup> choice. Your hotel registration may be held up without all choices marked.

**Cut off is July 15<sup>th</sup>. Availability basis only after this date:**

Prices are per room, per night (NOT PER PERSON). Check-in time is 4:00 p.m. & Check-out time is 11am.

HOTEL	RANK (1-3)	SINGLE	TWN/DBL	TRIPLE	QUAD	SUITE
<b>Doubletree by Hilton Binghamton</b> <b>Headquarter Hotel</b> * Non-Smoking Facility <i>(The policy of the DoubleTree is to obtain a credit card upon check in for each guest for any incidentals and to authorize said card for \$20 for each night of your stay)</i>	<input type="checkbox"/>	\$147.00	\$147.00	\$147.00	\$147.00	\$255.00
<b>Comfort Inn</b>	<input type="checkbox"/>	\$99.00	\$99.00	\$99.00	\$99.00	N/A
<b>Holiday Inn Binghamton</b> * Non-Smoking Facility <i>(The policy of the Holiday Inn is to obtain a credit card upon check in for each guest for any incidentals and to authorize said card for \$20 for each night of your stay)</i> <b>Cancellation Policy: 24 hours prior to reservation to avoid (1)one night's room charge</b>	<input type="checkbox"/>	\$134.00	\$134.00	\$134.00	\$134.00	\$179.00

**NOTE: ALL PRICES SUBJECT TO 13% TAX, to avoid being charged tax: PLEASE BE SURE TO BRING YOUR TAX EXEMPT FORM**

**RESERVATIONS MUST BE GUARANTEED BY PROVIDING A DEPOSIT OF ONE NIGHT'S RENTAL.** To guarantee your room by check or money order, please wait to receive confirmation from your hotel (allow 2 weeks). Upon confirmation, send your check or money order to that hotel. **(PLEASE NOTE: PERSONAL CHECKS WILL BE ACCEPTED ONLY UP TO 10 BUSINESS WORKING DAYS PRIOR TO CHECK-IN.)** If you would like to guarantee your room by **credit card**, please list information here:

GUARANTEE my room with (type of credit card)     MASTERCARD     VISA     DINERS CLUB     CARTE BLANCHE     AMEX     DISCOVER

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby authorize hotel to charge my credit card for a deposit in the amount of one night's rental cost on the date this reservation is received.  
 Cardholder's signature \_\_\_\_\_

**Mail this completed Housing form to**  
**Grand Chapter Office**  
**Pounder Hall 106; 1400 Utica Street**  
**Oriskany NY 13424** If you have questions call: **Grand Secretary @315-768-6323**

Acknowledgement will be sent by September 1, 2023  
**WE LOOK FORWARD TO SEEING YOU IN OCTOBER**

