## **OUT OF JURISDICTION 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	G			D (10.1		
Mailing AddressCityArrival Date	StateStateDeparture Date			Postal Cod	e	
Email Address		_ Departure De	atC			
Check room type desired: ? Single (1) ? Triple (3)	person, 1 bed) ppl, 2 beds)	<b>?</b> Quad (4)				
* ALL REQUESTS FOR SUITE	ES AND HOSE	PITALITY RO	OMS WILL BE	E ASSIGNED O	N AVAILABIL	ITY.
? Check here if a handicap-access	ible room is re	equested and e	xplain handicap:	☐ Use a Walker	r. 🗆 Use a Who	eelchair
☐ Need Walk in Shower ☐ Need §	grab bars in sho	ower or tub. $\square$	Have difficulty	walking but am	not handicappe	d.
Explain Extent of Need:	e. Please be as f	fair as possible i	n making your re	quests for accom	modations.	there is no
Name(s) of additional occupant(s):						
Prices are per room, per night (NOT PER PER	ff is <mark>July 15<sup>th</sup>.</mark> RSON). Check-	Availability bin time is 4:00	p.m. & Check-ou	his date: t time is 11am.	·	
HOTEL	RANK (1–3)	SINGLE	TWN/DBL	TRIPLE	QUAD	SUITE
Doubletree by Hilton Binghamton Headquarter Hotel * Non-Smoking Facility (The policy of the DoubleTree is to obtain a credit cara upon check in for each guest for any incidentals and to authorize said card for \$20 for each night of your stay)		\$147.00	\$147.00	\$147.00	\$147.00	\$255.00
Comfort Inn	?	\$99.00	\$99.00	\$99.00	\$99.00	N/A
Holiday Inn Binghamton* Non-Smoking Facility (The policy of the Holiday Inn is to obtain a credit cau upon check in for each guest for any incidentals and authorize said card for \$20 for each night of your stay Cancellation Policy: 24 hours prior to reservation to avoid (1) one night's room charge	rd to	\$134.00	\$134.00	\$134.00	\$134.00	\$179.00
NOTE: ALL PRICES SUBJECT TO 13% TAX  RESERVATIONS MUST BE GUARANTEED BY order, please wait to receive confirmation from you NOTE: PERSONAL CHECKS WILL BE ACCE to guarantee your room by credit card, please list in	PROVIDING A ur hotel (allow 2 EPTED ONLY I	DEPOSIT OF weeks). Upon	ONE NIGHT'S Riconfirmation, send	ENTAL. To guarally your check or m	antee your room oney order to that	by check or money t hotel. (PLEASI
GUARANTEE my room with (type of credit card)	☐ MASTERCA	RD □ VISA □	DINERS CLUB	☐ CARTE BLAN	CHE AMEX	□ DISCOVER
Credit Card No.					xpiration Date	
I hereby authorize hotel to charge my credit ca	rd for a deposi	t in the amount	of one night's re			ation is received.

Mail this completed Housing form to

Cardholder's signature\_

**Grand Chapter Office** 

Pounder Hall 106; 1400 Utica Street

Oriskany NY 13424If 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

