

OUT OF JURISDICTION HOUSING FORM

ORDER OF THE EASTERN STAR ➡ 156TH GRAND CHAPTER SESSION

OCTOBER 13-19, 2025

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

JURISDICTION _____
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 1st through 3rd choice. Your hotel registration may be held up without all choices marked.

Cut off is July 15th. 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
Doubletree by Hilton Binghamton Headquarter Hotel * Non-Smoking Facility (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 \$50 reserve per guest room/per night of your stay)	<input type="checkbox"/>	\$149.00	\$149.00	\$149.00	\$149.00	\$255.00 Corner King \$165
Comfort Inn	<input type="checkbox"/>	\$109.00	\$109.00	\$119.00	\$129.00	N/A
Holiday Inn Binghamton * Non-Smoking Facility (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 \$50reserve for each night of your stay) Cancellation Policy: 24 hours prior to reservation to avoid (1)one night's room charge	<input type="checkbox"/>	\$139.00	\$139.00	\$139.00	\$139.00	\$189.00

NOTE: **ALL PRICES SUBJECT TO 18% 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 around September 1, 2024

WE LOOK FORWARD TO SEEING YOU IN OCTOBER

To secure your reservation respond by July 15, 2025

