

DEADLINE DATE AUGUST 1, 2022	HOUSING REQUEST FORM OHIO GRAND CHAPTER 133rd Session - "We've a Story to Tell" September 23, 24, 25, 2022 - Sharonville	RESERVATIONS DUE BY AUGUST 1, 2022 Nancy McCollum Housing Chairman 5669 Wittmer Estates Dr Milford, OH 45150-8801 najomccollum@gmail.com
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** Hyatt Place-Comp Breakfast	\$120 Standard Room FULL		
	\$139 Specialty Room FULL		
Delta by Marriott	\$130 King/Queen		

Livinn-Comp Breakfast	\$99 Premium Room	\$109 Studio King/Queen	
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Fairfield - Comp Breakfast	\$120		
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LaQuinta Inn & Suites - Comp Breakfast	\$119 King Sofa	\$125 Two Queens	\$139 2 Queens or King Parlor
Check In Time: After 3 p.m.		Check Out Time: 12 Noon	

** Hyatt rate increases if there are more than 2 people in room because of complimentary breakfast
Hyatt, Delta and Livinn will be booked first. Fairfield and LaQuinta will be used as overflow when others are full

****PLEASE READ CAREFULLY ****

** ONLY ONE (1) ROOM REQUEST PER FORM. DUPLICATE HOUSING FORM, AS NECESSARY.
 ** Hotel choices are not guaranteed.
 ** Reservations must be submitted on Official Housing Request Form to the OES Housing Chairman to obtain room/rate.
 ** **PLEASE TYPE, OR PRINT PLAINLY TO ASSURE ACCURACY, and COMPLETE ALL INFORMATION REQUESTED OR YOUR FORM WILL BE RETURNED.**
 ** Provide name and title for each occupant (see space below): Form will be returned if this information is not included.
 ** Official confirmation will be sent to the individual (reservation name) requesting the room.
 ** **Room charges WILL apply for late check outs. CHECK OUT TIME: 12 NOON**

HOTEL INFORMATION			
Jurisdiction:	District #:	Chapter Name:	Home Phone (required):
Name:		Day Phone (required):	
Address:			
City:	State & Zip	E-Mail:	Supply email for housing confirmation
Title (as of 9/12/22):			

HOTEL CHOICE	ROOM TYPE	DATES REQUIRED	
Hyatt Place	FULL	Arrival	Departure
Delta by Marriott		Arrival	Departure
Livinn		Arrival	Departure
Fairfield Inn		Arrival	Departure
LaQuinta		Arrival	Departure
Total Room Occupants			

CREDIT CARD INFORMATION (must be completed)
Card will be charged for 1 night housing at time reservation made

NAMES OF ALL OCCUPANTS (Last Name, First Name & Title)	
Name:	
Title (as of 9/12/22):	
Name:	
Title (as of 9/12/22):	
Name:	
Title (as of 9/12/22):	
Name:	
Title (as of 9/12/22):	

Credit Card Type:
Cardholder Name:
Credit Card Number:
Card Expiration Date:
Cardholder Signature:

SPECIAL NEEDS OR REQUESTS:

AIRLINE TRANSPORTATION PREARRANGED ONLY		Airport circle one
(provided from Cincinnati or Dayton International Airport THURSDAY 9/22 through SUNDAY 9/25)		
Flight information changes, contact Chairman of Transportation		Mike Himes phone: (513) 254-3148
Arrival Date:	Arrival Time:	Airline: Flight #
Departure Date:	Departure Time:	Airline: Flight #