

# 2018 HOUSING REQUEST FORM

SATURDAY, OCTOBER 6 THROUGH THURSDAY, OCTOBER 11, 2018

TO SECURE THE GRAND CHAPTER ROOM RATE ALL RESERVATIONS MUST BE MADE IN WRITING THROUGH THE HOUSING CHAIRMAN TO THE FOLLOWING ADDRESS:

BEV STEELMAN, PM, 2018 HOUSING CHAIRMAN  
 PO BOX 114, ASHLAND MO, 65010-0114  
 (H) 573-657-2172 or © 573-489-2387 [Bevsteel52@aol.com](mailto:Bevsteel52@aol.com)



<b>NO CASH ACCEPTED</b>  <b>CREDIT or DEBIT ONLY</b>	<b>ALL reservations must be guaranteed with a MAJOR CREDIT CARD</b> – confirmations will be e-mailed to the HOUSING CHAIRMAN. You may contact the <b>HOUSING CHAIRMAN after SEPTEMBER 20, 2018 to secure your CONFIRMATION NUMBER.</b> In order for OES to meet the contractual obligations, we highly encourage ALL Grand Chapter attendees to stay at the Capitol Plaza.	
	CREDIT CARD NUMBER _____	EXPIRATION DATE _____
CARD HOLDER NAME _____	AUTHORIZED SIGNATURE _____	

Grand Chapter Missouri OES will provide housing for one night of Session, one time during their Triennium for Elective and Appointed General Grand Chapter Officers and for Past Most Worthy Grand Matrons and Past Most Worthy Grand Patrons.

NAME	TITLE	CHAPTER/DISTRICT
ADDRESS	CITY	STATE
PHONE (w/area.code)	EMAIL	ZIP

PLEASE PROVIDE NAMES, TITLES & CHAPTER/DISTRICT OF OTHERS STAYING IN THIS ROOM AS WE CANNOT MAKE RESERVATIONS WITHOUT ALL NAMES.

	NAME	TITLE	CHAP/DIST
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

# PEOPLE IN ROOM:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	(circle one)	# BEDS REQUESTED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	(circle one)
-------------------	----------------------------	----------------------------	----------------------------	----------------------------	--------------	------------------	----------------------------	----------------------------	--------------

ACCOMMODATIONS WILL BE RESERVED AT

**CAPITOL PLAZA HOTEL & CONVENTION CENTER • 415 W MCCARTY ST • JEFFERSON CITY MO 65101**

CHECK-IN TIME: 3:00pm ☞ CHECK-OUT TIME: 11:00am

ARRIVAL DAY & DATE:	DEPARTURE DAY & DATE:
---------------------	-----------------------

ROOM TYPE DESIRED (check one for BED TYPE • check one HANDICAP; PRICES INCLUDE TAXES)

THIS IS A SMOKE-FREE HOTEL "SMOKING ROOMS" ARE NOT AVAILABLE

<input type="checkbox"/>	Standard Single (1-2 people • 1 KING BED)	\$103.25 (tax included)	BASED ON AVAILABILITY
<input type="checkbox"/>	Standard Double/Double (2-4 people • 2 DOUBLE BEDS)	\$103.25 (tax included)	HANDICAP ACCESSIBLE ROOM
<input type="checkbox"/>	King Suite (1-4 people • 1 KING BED + SOFA SLEEPER)	\$103.25 (tax included)	BASED ON AVAILABILITY

**Each room will receive two (2) complimentary breakfast tickets per room per day; additional tickets must be ordered and paid for with your room reservation (please use this form to order tickets per guest & day)**

ADDITIONAL TICKETS = \$11.00 EACH (PLEASE MARK NUMBER OF ADDITIONAL TICKETS NEEDED EACH DAY)	SAT 10/6	SUN 10/7	MON 10/8	TUES 10/9	WED 10/10	THUR 10/11
	TOTAL ADDITIONAL TICKETS PURCHASED @ \$11.00 EACH = _____					

\*\*\*\*\*HOUSING CHAIRMAN USE ONLY\*\*\*\*\*

DATE RECEIVED:	ROOM NIGHTS
ADDITIONAL BREAKFAST TIX	