

**DEADLINE  
DATE****September 4, 2010****HOUSING REQUEST FORM  
OHIO GRAND CHAPTER**121st Session - Life's Golden Treasures  
September 24, 25, 26, 2010 - Dayton**MAIL FORM TO:**Sharon Shell  
Housing Chairman  
P O Box 49  
Germantown, OH 45327  
(937) 855-3996CROWNE PLAZA HOTEL \$95 + Tax  
DAYTON MARRIOTT \$95 + Tax**Check In Time: After 3 p.m.****Check Out Time: 12 Noon****VIP Deadline Date - May 1, 2010****\*\*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 very 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 9/23/10):			

**ROOM TYPE (check those that apply)**

One Bed	<input type="checkbox"/>	Smoking	<input type="checkbox"/>
Two Beds	<input type="checkbox"/>	Non-Smoking	<input type="checkbox"/>
Total Occupants In Room:			

**HOTEL CHOICE (indicate 1, 2)**

<input type="checkbox"/>	Crowne Plaza Hotel
<input type="checkbox"/>	Marriott Hotel
Arrival Date:	Departure Date:

<b>NAMES OF ALL OCCUPANTS (Last Name, First Name &amp; Title)</b>	
Name:	
Title (as of 9/23/10):	
Name:	
Title (as of 9/23/10):	
Name:	
Title (as of 9/23/10):	
Name:	
Title (as of 9/23/10):	

**CREDIT CARD INFORMATION (must be completed)  
card will be charged for 1 night housing at time  
reservation made****NEW POLICY: A \$25 guest room cancellation  
fee will be charged to your credit card for  
cancellations after Sept. 4, 2010 by the COA**

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

<b>SPECIAL NEEDS OR REQUESTS:</b>
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**AIRLINE TRANSPORTATION (provided from Dayton International Airport THURSDAY 9/23 through SUNDAY 9/26)**

change in flight information, contact Co-Chairmen of Transportation Tim Rork (513) 607-9509 or Doug Hitch (937) 286-3508

Arrival Date:	Arrival Time:	Airline:	Flight #
Departure Date:	Departure Time:	Airline:	Flight #

**RV & MOTOR HOME PARKING (\$32.00 per night) send to: Club 19 c/o Doug Hitch, 178 Fiord Drive, Eaton 45320**

Arrival Date:	Arrival Time:	Length of RV or Motor Home
Departure Date:	Departure Time:	# of Nights: Total Due:

Check (U. S. Funds) or Money Orders ONLY for RV &amp; Motor Homes made payable to "Club 19". No refunds after 9/4/10

Download additional forms from website: ohoes.org