

Date Rec _____

Res. No. _____

**HOTEL RESERVATION FORM
 MULTI-STATE EXCHANGE
 THE GRAND CHAPTER OF GEORGIA, ORDER OF THE EASTERN STAR
 JULY 20 – 21, 2018
Reservations must be received by June 16, 2018**

MAIL TO: Janet McPipkin, PGM
 1511 Buckingham Way
 Savannah, GA 31406

Phone: 912-354-5022
 Email: jmcipkin@bellsouth.net

1. Reservation **must** be made through the Housing Chairmen **ONLY**, by **June 16, 2018**.
2. Hotel below WILL NOT take telephone reservations for special OES Rates.
3. **DO NOT SEND ANY MONEY WITH THIS FORM. A confirmation will be sent by email directly from the hotel**
 and will indicate the deposit requirements. Please complete the bottom of this form regarding the billing information for the hotel. Confirmations will not be made without this information.
4. Cancellations must be made 5 business days before arrival with the Housing Chairman to avoid forfeiture of deposit.
5. Credit cards may be charged 1st night deposit 30 days prior to Arrival Date.
6. After **June 16, 2018**, **ALL** changes in reservations, cancellations or additional rooms should be made directly with the Housing Chairman. **Any alterations to arrivals/departure dates must be made 5 business days prior to arrival. Any alterations to original reservations made less than 5 business days will result in hotel guest being responsible for full payment of original reservation.**
7. My signature acknowledges all condition as stated above.

HOTEL: *This is a Green Hotel:* 100% Non-Smoking (\$250.00 Cleaning Fee for Smoking in Rooms)
 Macon Marriott City Center, 204 Coliseum Drive, Macon, Georgia 31217
 Free Parking (Valet Parking Optional with Charge), Bus Parking is available
 \$112.00 plus applicable taxes (1 to 4 in a room). **Same Rate offered 2 Days Pre & Post!!!**

ROOM TYPE: (PLEASE CHECK) _____ 1 Person _____ 2 People _____ 3 People _____ 4 People
 _____ 2 Doubles _____ King
 (Check in 4 pm/ Check Out 11:00 am)

ARRIVAL DATE: _____ DEPARTURE DATE: _____

PLEASE PRINT OR TYPE BELOW

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: () _____ E-Mail: _____

Names of additional room occupants required by 911/Homeland Security

2. _____ 3. _____
4. _____

CREDIT CARD INFORMATION (Hotel will not accept reservations without a credit card guarantee)

CREDIT CARD TYPE: VISA: _____ MASTER CARD: _____ AMEX: _____ DISCOVER: _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____