

# GRAND CHAPTER SURVEY

2009

“ALL” OES Members

**PLEASE PRINT**

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(One Survey Per Member Please)

Members Name: \_\_\_\_\_

## Headquarters Hotel:

Reservation made in the name of: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Number of nights: \_\_\_\_\_

## Other Hotel:

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Number of nights: \_\_\_\_\_

Reservation made in the name of: \_\_\_\_\_

Other Hotel Name: \_\_\_\_\_

Other Hotel Address: \_\_\_\_\_

**Please** complete and return this survey to Credentials.

By completing this survey **YOU** are helping Florida Grand Chapter obtain  
Grant Funding from the City of Jacksonville

This survey approved by the Worthy Grand Matron