

Date Rec. _____

Resv. No. _____

**HOTEL RESERVATION FORM
MULTI-STATE EXCHANGE
THE GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR. Inc.
AUGUST 10-12, 2012**

Reservations must be received by JULY 18, 2012

MAIL TO: Michael H. Feit, Housing Chairman
P.O. 65387
Orange Park, FL 32065-0007

PHONE: (904) 264-2040 Home
FAX: (904) 269-8174
E-mail: oesjoy@comcast.net

1. Reservations **must** be made through the Housing Chairman **ONLY**, by **July 18, 2012**.
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 directly from the hotel*** and will indicate the deposit requirements. Please complete the bottom of this form regarding billing information for the hotel. Confirmations will not be made without this information.
4. Cancellations must be made **5** business days before arrival with Housing Chairman to avoid forfeiture of deposit.
5. Credit cards **may** be charged 1st. night deposit 30 days prior to Arrival date
6. After **July 18th**. 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 conditions as stated above.

Hotel

Renaissance Orlando at Seaworld, 6677 Sea Harbor Drive, Orlando, Florida 32821-8092
\$ 85.00 plus applicable tax (1 to 4 in a room.) ***Same Rate Offered 3 Days Pre & Post !!!***

ROOM TYPE: (PLEASE CHECK) ___ One Person ___ Two People ___ Three People ___ Four People
___ 2 Doubles ___ King

This is a **Green Hotel: 100% Non-Smoking** (\$250.00 *Cleaning Fee For Smoking In Rooms*)

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

PLEASE PRINT OR TYPE BELOW

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____

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

Names of additional room occupants required because of 911 / Homeland Security

2. _____ 3. _____

4. _____

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

CARD TYPE: VISA: _____ MASTERCARD: _____ AMEX: _____ DISCOVER: _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____

PRINT NAME OF CARD HOLDER: _____

SIGNATURE: _____

of nights _____
OFFICE USE ONLY