



"Wishing Upon a Star "
GRAND CHAPTER OF GEORGIA HOUSING FORM
June 6-10, 2012

The Macon Centreplex, Coliseum and Convention Center, Macon, Georgia 31217

RESERVATION DEADLINE - MAY 2, 2012

PRINT OR TYPE INFORMATION BELOW. To receive these rates, you must submit your housing form to the Housing Committee by the deadline above. Confirmation will be sent to you upon receipt of your reservation form. **To avoid forfeiture of deposit, cancellation must be made five (5) days prior to arrival.** Rooms, while available, are assigned based on the date the reservation was received. Your signature at the "****" acknowledges acceptance of all conditions stated above and authorizes a one (1) night deposit charge to your credit card for the room(s) requested. A limited number of handicap rooms are available and will be assigned on a first come basis. When paying by check for your first nights lodging, make check payable to the Macon Marriott. Best Western **DOES NOT** take checks for first nights lodging. **The attached credit card form from the Marriott must be completed in its entirety.** **Failure to complete any of the sections will result in non-approval. This is a requirement of the Macon Marriott.**

Name _____ Title _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Names of other persons in room:

1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

***Headquarters Hotel \$ 109.00 per night plus 13% hotel tax Select (circle) one of the beds below**

***Macon Marriott Hotel, 240 Coliseum Drive, Macon, GA 31217 2 Double Beds or King Bed (Handicap Room YES OR NO)**

*****Alternate Hotel \$ 61.99 per night plus 13% hotel tax Select (circle) one of the beds below**

*****Best Western, 2400 Riverside Drive, Macon, GA 31204 2 Double Beds or King Bed (Handicap Room YES OR NO)**

*****MUST HAVE OWN TRANSPORTATION FROM BEST WESTERN TO THE MACON CENTREPLEX.**

Arrival Date _____ Departure Date _____

Credit Card Type (Circle One) VISA MASTERCARD DISCOVER

Card Number _____ Expiration Date _____

Name as appears on card _____ ****Signature Required _____

Send Forms to Housing Committee

Marie Smalley, Chairman
 580 McCrackin Street
 Juliette GA 31046
 (Home) 478-994-4735
 Email: rickysmalley@att.net

Rick Smalley, Co-Chairman
 580 McCrackin Street.
 Juliette GA 31046

Macon Marriott City Center Hotel
240 Coliseum Drive
Macon, GA 31217
Phone: 478-621-5300 Fax: 478-803-1648

Due to an increase in credit card fraud and for the protection of the cardholder, we recommend this authorization form be sent to our secured facsimile number (listed below). This form must be completed in its entirety; failure to complete any of the following sections will result in non-approval.

Thank you for your business!

Please note that the credit card will be authorized for the contracted revenue 10 days prior to your event or check-in date.

CREDIT CARD BILLING INFORMATION AS IT APPEARS ON YOUR ACCOUNT:

NAME:

ADDRESS:

CITY: STATE: ZIP:

CARD TYPE: CARD #: EXPERATION:

PHONE: EVENT/CHECK IN DATE(S):
FAX: DATE OF DEPARTURE:

NAME OF FUNCTION / EVENT / GROUP / INDIVIDUAL THIS FORM IS AUTHORIZING:

Order of the Eastern Star

CHARGES PERMITTED TO BE BILLED TO CREDIT CARD

ALL ROOM & TAX ONLY (individual pays own incidental charges) ROOM & TAX INCIDENTALS
 FUNCTION CHARGES (please specify):

Not applicable

NAME OF PERSON(S) AUTHORIZED TO MAKE CHANGES TO THIS EVENT AND THEIR ARRIVAL DATE:

1. NOT APPLICABLE 2. NOT APPLICABLE
3. NOT APPLICABLE 4. NOT APPLICABLE

SIGNATURE OF GUARANTEE:

I authorize the Macon Marriott City Center Hotel to charge the credit card as indicated above and for any outstanding balance not covered by my advance payment, in the event that charges are not completely settled upon conclusion. It is understood that the cardholder is bound by the terms and conditions listed herein.

NAME (Please print) DATE:

SIGNATURE: _____

Title: