

GRAND CHAPTER  
ORDER OF THE EASTERN STAR  
STATE OF LOUISIANA  
"SMILE A WHILE"

HOTEL RESERVATION REQUEST  
DISTINGUISHED GUEST

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ NO. IN PARTY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PO BOX CITY STATE ZIP

PHONE NO.(HOME) \_\_\_\_\_ BUSINESS OR CELL PHONE NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_

ARRIVAL DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DEPARTURE DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FLIGHT NO. \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_

NAME OF AIRLINE \_\_\_\_\_

NAME OF OTHERS IN PARTY:

TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISTINGUISHED GUEST WILL BE HOUSED IN BEST WESTERN HOTEL. PLEASE  
CHECK TYPE OF ROOM DESIRED.

KING \_\_\_\_\_ \$76.00 DOUBLE (2 BEDS) \_\_\_\_\_ \$76.00 SUITE \_\_\_\_\_ \$90.00  
SMOKING \_\_\_\_\_ NON SMOKING \_\_\_\_\_ HANDICAPPED YES \_\_\_ NO.

CHECK IN TIME: 2:00 P.M. CHECK OUT TIME: 12:00

RESERVATIONS MUST BE GUARANTEED BY CREDIT CARD OR PERSONAL CHECK.

NAME OF CREDIT CARD \_\_\_\_\_ CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

ALL RESERVATIONS MUST BE MADE THROUGH THE HOUSING CHAIRMAN. THE  
HOTEL HAS BEEN INSTRUCTED AND WILL ACCEPT RESERVATION REQUEST ONLY  
THROUGH THE HOUSING CHAIRMAN. MAKE CHECK PAYABLE TO HOTEL.

PLEASE MAIL RESERVATION REQUEST TO:

TEENA SATCHER, HOUSING CHAIRMAN  
29 HWY 457  
LECOMPTE, LA. 71346

IF YOU HAVE ANY QUESTION CONCERNING HOUSING, CONTACT ME AT  
318-776-5157 OR 318-613-5209 MY E-MAIL ADDRESS IS: Edandts@aol.com.  
MAKE RESERVATIONS BEFORE MARCH 13<sup>TH</sup> 2008.