**WELCOME**

**Thank you for your interest in attending the 148th Annual Session of Arkansas Grand Chapter Session, known as**

**“Follow Your Dreams”**

Durning Grand Chapter, we asked that you stay at our offical hotel “Wyndham Riverfront Hotel”

By doing so, you will be close to all the activites and events, within walking distance of places to eat and near your room if you need to change cloths or just put your feet up for a while. We are looking froward to seeing you this December.

Housing form instructions:

Chairman Daniel Dodd PGP

239 Olive Street

Crossett, Arkansas 71635

Email dcdodd@me.com

Phone 1-(870)364-8443 or 1-(870)304-7401

Room Rates / Taxes

All rates are per room and subject to taxes. Special OES room rates are $119.00 available until Nov. 11, 2024. After Nov. 11, 2024 the room block may be released and the hotel may charge a higher rate $179.00. Special request and room types cannot be garanteed; however the hotel will do its best to honor all request. Special room type may be asgined at check-in based on availablity.

You may make your own reservations by calling 1-501-907-4823 or 1-501-371-9000, give them the group code “120124ORD”, or go to [www.wyndham.com](http://www.wyndham.com) to revise your date and enter the group code. A full hot buffet breakfast is included with this rate. Breakfast time starts at 6:30 am to 9:30 am. There are two restaurants on site, Benihana and the Riverfront Steakhouse.

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| --- | --- |
| Arrival Date: | Departure Date: |

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| --- | --- | --- | --- | --- | --- |
| First Name | |  | | | |
| Last Name | |  | | | |
| Address | |  | | | |
| City/State/Zip | |  | | | |
| Home Phone | |  | | Cell Phone |  |
| Email | |  | | | |
| |  | | --- | | **Title:** |   **Names of Person(s) in room:**   |  | | --- | |  | |  | |  | |  | | | | | | |
| Hotel Room Selection (Please place an X in box beside your choice) | | | | | |
|  | Single 1 occupant 1 bed $119.00 | | | | |
|  | Single 2 occupants 1 bed $119.00 | | | | |
|  | Double 2 occupants 2 beds $119.00 | | | | |
|  | Triple 3 occupants 2 beds $129.00 | | | | |
|  | Quad 4 occupants 2 beds $139.00 | | | | |
|  | Please specify your ADA if you have a special requirement so the hotel can assist as rooms are limited. | | | | |
| □ | ADA | |  | | |
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**Payment Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **All rooms are subject to applicable state and local taxes** | | | | | | | | | | | | | | | | | | |
| **Cancellations must be made with the Housing Chairman not the Hotel** | | | | | | | | | | | | | | | | | | |
| **If splitting the bill with multiple room occupants, please indicate the split below** | | | | | | | | | | | | | | | | | | |
| 2 ways | | |  | | | | | 3 ways | | |  | 4 ways | | |  | | | |
| Type of Credit Card | | | | Visa | | |  | | Discover |  | | Amer Exp | |  | | MC | |  |
| Credit Card Number |  | | | | | | | | | | Exp Date |  | CVV # | | | |  | |
| Name on Credit Card | |  | | | | | | | | | | | | | | | | |
| Credit Card Billing Address | | | | |  | | | | | | | | | | | | | |
| Card Holder’s Signature | | | | | |  | | | | | | | | | | | | |

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| \*\*\*\*\*\*\*Card Holder (s) signature is required to process reservation\*\*\*\*\*\*\* |