

**GRAND CHAPTER OF MA OES HOUSING REGISTRATION FORM**  
**141<sup>ST</sup> "SOARING TO OUR FUTURE" SESSION**  
**MASSACHUSETTS, May 18, 19, 20, 2017**  
**Choice (1) Holiday Inn Boxborough, 242 Adams Place, Boxborough, MA 01719**  
**Choice (2) Holiday Inn Express, 121 Coolidge St, Hudson, MA 01749**  
**-- Smoke Free Hotels --**

**Hotel Choice: Circle 1 (Headquarters), or 2**  
**Free shuttle service between hotels**

Please type or print:

Name & Title \_\_\_\_\_

Chapter Name & No: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Daytime phone:(\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_) \_\_\_\_\_

Additional Room Occupants – Names and Titles:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dates Requested: (Circle Each) Tues. 5/16, Wed. 5/17, Thurs. 5/18, Fri. 5/19, Sat. 5/20

**Form must be postmarked by May 1, 2017 to receive a 10% discount on 4 nights stay.**

**All other reservations must be received no later than May 8, 2017**

Mail completed form to Mr. Robert W. McBournie, PGP, Housing Chairman at:  
54 Howard Avenue, Buzzards Bay, MA 02532 – Cell Phone 978-618-8567

Room Rates (all rates are PLUS tax): \$110.00 per night - 4-night stay w/discount \$99.00 per night.

**PLEASE DO NOT CUT PAGE**

All guest room rates are subject to the current tax rate (currently at 11.7%).

Check: \$100.00 deposit is required, with checks made payable to "MA, O.E.S. HOUSING"

Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card: A room will be held in your name, but your card will NOT be charged until Check-in.

Credit Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

**TRAVEL INFORMATION:** Local Airports are: Boston/Logan (BOS), MA or  
Manchester/Boston (MHT), NH

If arriving by plane, is transportation required from the airport? Yes \_\_\_\_\_ No \_\_\_\_\_

No. of persons: \_\_\_\_\_ Arriving at: (Airport) \_\_\_\_\_ Airline: \_\_\_\_\_

Flight No.: \_\_\_\_\_ Time of arrival: \_\_\_\_\_.

**HOTEL CANCELLATIONS MUST BE MADE THRU THE HOUSING CHAIRMAN**  
**AT 978-618-8567 - - DO NOT CALL HOTEL TO CANCEL!!!**

**THIS FORM MAY BE DUPLICATED**