

2024 National Convention Housing Form
August 23- August 29, 2024

The Department of Ohio is housed at the beautiful **Renaissance Arts Warehouse District, 700 Tchoupitoulas Street, New Orleans, LA 70310** for the 105th National Convention. Rooms are assigned on a first come, first served basis and July 05, 2024 is the deadline for housing. It is very important we receive all requests for housing, delegate or alternative, by the July 5rd date so we can determine whether we need more rooms or should release rooms.

There must be a credit card number on the form, **DO NOT SEND CASH or CHECK.** The housing forms must be submitted to the Department: American Legion, P.O. Box 8007, Delaware OH, 43015. Attn: Rebecca Corbin or email: corbin@ohiolegion.com.

Spacious rooms available in the Renaissance Arts Warehouse District:

King (1-2 persons) each @ \$155.00/per night plus 16.20% + \$1.00 per night
Queen/Queen (2-4 persons) @ \$155.00/per night plus 16.20% +\$1.00 per night
ADA Rooms @ \$155.00/per night plus 16.20% +\$1.00 per night (limited rooms)

Cost with Tax Rate – 181.11 per room/night
Additional Occupant in Room per Day \$25.00
Rollaway Rate per Day – NA
Parking Rate Per Day \$38.00-Valet Only

Please inform us if you are staying off-site so that we can properly calculate the delegate checks and provide vouchers for you to complete (with payment receipts) and issue your check after the convention.

Auxiliary Alternates/Visitors should send \$30.00 to Auxiliary Headquarters in Zanesville.

Remember, rooms will be assigned on a first come, first served basis. However, the hotel does not guarantee any room types.

Please fill out the attached form. Provide a complete address and email.

MAIL THIS PAGE TO: AMERICAN LEGION, P.O. BOX 8007, DELAWARE, OH 43015
CONTACT REBECCA CORBIN WITH ANY QUESTIONS AT 740-513-5389 OR
CORBIN@OHIOLEGION.COM

Please reserve a room in the Renaissance Arts Warehouse District, 700 Tchoupitoulas Street,
New Orleans, LA 70310,

SEND ALL RESERVATIONS TO DEPARTMENT

Arrival Date: _____

Departure Date: _____

Double

King

Special Requirements _____

PLEASE INDICATE ALL BOXES THAT APPLY:

NAME	LEG/SAL/DUAL/ AUX	DEL/ALT/VIS

• VISITORS ONLY Payment of \$ _____ for the first night's deposit + \$30.00 per visitor

• Charge my credit card Account # _____ - _____ - _____ - _____

Card Type: MasterCard _____ Visa _____ Discover _____ Expiration date _____ CVV # _____

Authorizing Signature _____

No housing needed

Must notify Department

Name _____

Address _____

Not attending

Must notify Department

City _____

State _____ Zip Code _____

Post/Unit/Squad # _____ District _____

DAY TIME TELEPHONE NUMBER WHERE YOU CAN BE REACHED _____ Email
address: _____

Include the Registration Fee for all adult visitors 18 and older.

ONLY ONE ROOM RESERVATION PER FORM

Deadline: **July 5 2024**