

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 105<sup>th</sup> 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 5<sup>rd</sup> 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 \_\_\_\_\_

Not attending

**Must notify Department**

Address \_\_\_\_\_

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**