

2026 National Convention Housing Form
August 28- September 03, 2026

The Department of Ohio is housed at the beautiful **Louisville Marriott Downtown, 280 West Jefferson St, Louisville, KY 40202** for the 107th National Convention. Rooms are assigned on a first come, first served basis and **Thursday July 1, 2026** is the deadline for housing. It is very important we receive all requests for housing, delegate or alternative, by the July 1st 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 **Louisville Marriott Downtown:**
King (1-2 persons) each \$152.00/per night plus 17.66%
Queen/Queen (2-4 persons) \$152.00/per night plus 17.66%
ADA Rooms@ \$152.00/per night plus 17.66% (limited rooms)

Cost with Tax Rate – Louisville Marriott Downtown \$178.84 per room/night

Additional Occupant in Room per Day NA
Rollaway Rate per Day – NA
Parking Rate Per Day \$40.00-Self parking
Parking Rate Per Day \$45.00-Valet parking

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 Delegates/Alternates/Visitors should send \$35.00 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 Louisville Marriott Downtown, 280 West Jefferson St, Louisville, KY 40202
SEND ALL THE 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 + \$35.00 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 1 2026**