

The American Legion National Convention
ROOM RESERVATION FORM

The Florida Delegation will be staying at:
Hilton New Orleans Riverside
2 Poydras Street
New Orleans, LA 70130

Name _____ Post # _____

Address _____

Phone _____ Email _____

Sharing Room with:

Name _____ Post # _____

Address _____

Phone _____ Email _____

Arrival Date/Time _____ Departure Date/Time _____

Room Selection:

_____ King (one bed) *very limited – not guaranteed* \$159.00 + 16.2% tax + \$3 per room/night = **\$187.75**

_____ Queen (two beds) \$159.00 + 16.2% tax + \$3 per room/night = **\$187.75**

Additional Occupant in Room per Day - \$30 triple/Quad

_____ I will not be staying at the Hilton New Orleans Riverside or have made my own reservation.

A credit card is **REQUIRED** to hold your hotel reservation. Please complete the information below.

The hotel will be charging a deposit of a one-night rate plus taxes. Refundable up to 24 hours in advance of stay

Name as it appears on credit card: _____
MC _____ Visa _____ Amex _____ Discover _____

Credit card number: _____ Exp. Date: _____ CVV: _____

Billing zip code: _____ Signature: _____

Please return this form with payment BEFORE **July 15th, 2024**, to:
The American Legion, Department of Florida
ATTN: Event Coordinator
1912A Lee Rd., Orlando, FL 32810