**DEPT. of LOUISIANA AMERICAN LEGION** Date Rec’d:\_\_\_\_\_\_\_\_\_

**2024 STATE CONVENTION GENERAL HOUSING FORM Conf. #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**June 6th to 9th, 2024 (RESERVATION DEADLINE – APRIL 23RD, 2024)**

**MAIL ALL HOUSING FORMS TO: *ROOMS ARE ASSIGNED BY DATE/ORDER RECEIVED***

**Dept. of La. American Legion**

**P.O. Box 3749 / Baton Rouge, LA 70821**

**GENERAL HOUSING/ROOM RESERVATION**

**NOTES:**

1. **PAYMENT BY CREDIT CARD IS PREFERRED. IF USING A CHECK FOR 1st NIGHT ROOM FEES, IT MUST BE ATTACHED TO THIS RESERVATION FORM – MADE PAYABLE TO LA DEPT of THE AMERICAN LEGION**
2. **ONLY ONE ROOM RESERVED PER FORM.**
3. **CHECK IN TIME IS 4:00 PM**
4. **IF GROUND FLOOR IS REQUIRED, YOU MAY BE MOVED TO AN OVERFLOW HOTEL**

**HEADQUARTERS HOTEL: AMERICAN LEGION, AUXILIARY & SAL – BEST WESTERN INN OF ALEXANDRIA**

Room Type: \_\_\_\_2 Queen Beds \_\_\_\_King $93.00 (plus tax) or \_\_\_\_Suite $107 (plus tax)

 \_\_\_\_Hospitality Suite $155.00 (plus tax)

 Handicapped Accommodations Required Yes / No?

 Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OVERFLOW HOTEL IF BEST WESTERN IS FILLED:**

\_\_\_\_\_\_2 Double Beds $93.00 or \_\_\_\_\_\_King $93.00 (plus tax)

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE/TITLE/COMMISSION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_ZipCode\_\_\_\_\_\_\_**

**ARRIVAL DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEPARTURE DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME ON CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CARD NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPIRATION DATE ON CARD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TYPE OF CARD\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAMES of ALL ROOM OCCUPANTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME BADGE REGISTRATION REGISTRATION FEE OF $6.00 PER ATTENDEE MUST ACCOMPANY YOUR HOUSING FORM. REGISTRATION FEE MUST BE PAID BY CHECK OR CASH, PAYABLE TO LA DEPT of THE AMERICAN LEGION**

**NAME FOR BADGES- (Include Your DISTRICT-POST/UNIT/SQUADRON and Number) Circle One**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist\_\_\_\_\_\_Post/Unit/SQ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist\_\_\_\_\_\_Post/Unit/SQ\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist\_\_\_\_\_\_Post/Unit/SQ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dist\_\_\_\_\_\_Post/Unit/SQ\_\_\_\_\_\_\_\_\_\_\_**