



(Date MM/DD/YYYY)

**AMVETS Department of Ohio**  
**Conference & Convention Accessible**  
**Room Request Form**

Event:

Name:

Phone #:

*(numbers only)*

Email Address:

Post:

Organization:

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*(The Department will not make your reservation, please provide your confirmation information.)*

Confirmation #:

Name on Reservation:

Room Requested:

*(not guaranteed)*

or

Floor Requested:

*(not guaranteed)*

**Is your request due to a recognized disability as defined in the Ohio Revised Code Section 4503.44?**

*(Completion and submittal of this form does not guarantee you will be assigned a specific room or location.)*

*(This form must be completed and turned into the Department at least 30 days prior to the scheduled event.)*