



(Date MM/DD/YYYY)

AMVETS Department of Ohio
Conference & Convention
Accessible Room Request Form

Event: _____

Name: _____

Phone #: _____

Email Address: _____

Post: _____

Organization: _____

(The hotel will use the credit card below to guarantee your room.)

Name of Card: _____

Credit Card #: _____

Expiration Date: _____ CSV #: _____

Billing Address: _____

(Form must be turned 30 days prior to the scheduled event.)