



(Date MM/DD/YYYY)

AMVETS Department of Ohio
Conference & Convention Accessible
Room Request Form

Event:

Name:

Phone #:

(numbers only)

Email Address:

Post:

Organization:

(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.)