MEMORANDUM

TO : Professional National Convention Delegates
     Department Officers
     Past Department Commanders
     Post Commanders
     District Commanders
     ALA Department of MD Secretary

FROM : Russell W. Myers, Jr., Department Adjutant

RE : 105th National Convention

DATE : February 1, 2024

The following information has been received from National confirming our housing in New Orleans for the 105th National Convention, Wednesday August 21, 2024 through Thursday, August 29, 2023.

We will be housed at the Hilton New Orleans Riverside and we ask that you mail your room requests along with one night’s deposit no later than Thursday, July 11, 2024.

**HOUSING . . . ALL ROOMS MUST BE BOOKED THROUGH DEPARTMENT OF MARYLAND.**
Hilton New Orleans Riverside
Two Poydras St.
New Orleans, LA 70130
(504) 561-0500

**ROOMS**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>King (1bed – 1-2 persons)</td>
<td>$159.00 + $28.76 Tax*</td>
</tr>
<tr>
<td>Queen (2 beds)</td>
<td>$159.00 + $28.76 Tax*</td>
</tr>
<tr>
<td>ADA Room</td>
<td>$159.00 + $28.76 Tax*+</td>
</tr>
<tr>
<td>Rollaway Rate per Day King Rm only:</td>
<td>N/A</td>
</tr>
<tr>
<td>Parking Rate per Day:</td>
<td>$25.00 Self; $49.00 Valet</td>
</tr>
</tbody>
</table>

*Tax Rate: 16.2% + $3.00 per room/night (subject to change) Included in each Room Rate

+ Subject to availability

***ALL RESERVATIONS ARE ON A FIRST COME FIRST SERVE BASIS***
105th NATIONAL CONVENTION REGISTRATION FORM

NAME_______________________________________ PHONE#________________________

POST/SQU/AUX. NO.____________ MEMBERSHIP#_______________________________

ADDRESS_______________________________________________________________

CITY______________________________________ STATE______ ZIP__________________

Email: _________________________________________________________________

(GIVE NAME AND ADDRESS OF PERSON SHARING THE ROOM, IF APPLICABLE)

NAME____________________________ PHONE#_________________________

POST/SQU/AUX. NO.________ MEMBERSHIP#_____________________________

ADDRESS_____________________________________________________________________

CITY______________________________________ STATE______ ZIP____________

Email: _________________________________________________________________

CHECK DESIRED ROOM TYPE: ALL RESERVATIONS ARE ON A FIRST COME FIRST SERVE BASIS

ADA ☐ KING ☐ DOUBLE ☐

(IN ORDER TO BOOK A ROOM, ARRIVAL AND DEPARTURE DATES MUST BE SUBMITTED WITH DEPOSIT)

DATE OF ARRIVAL ___________________________ __________________________

(DAY) (DATE) (TIME)

DATE OF DEPARTURE__________________________

DATE (DAY) (DATE) (TIME)

DEPOSIT ONE NIGHT’S DEPOSIT $187.76

PLEASE MAKE CHECK PAYABLE TO: THE AMERICAN LEGION, DEPT. OF MD in the amount of $187.76, which includes the tax, earmarked Room Deposit National Convention. Reservation Deadline: Thursday July 11, 2024.

YOUR CHECK# ___________ TOTAL AMOUNT OF YOUR CHECK $______________

________________________________________
SIGNATURE
TO : Prospective National Convention Delegates  
Department Officers  
Past Department Commanders  
Post Commanders  
District Commanders  
County/Area Commanders

FROM : Russell W. Myers, Jr., Department Adjutant

RE : 105th NATIONAL CONVENTION  
NATIONAL COMMANDER’S BANQUET

DATE : February 1, 2023

For planning purposes, it is requested that you provide us with the number of National Commander’s Banquet tickets you will require. The banquet will be held on Tuesday, August 27, 2024. The cost of tickets is $65.00 each. Please make check payable to: The American Legion, Dept. of MD, Inc., earmarked for National Commander’s Banquet and forward to Department Headquarters, 101 N. Gay Street, Room E, Baltimore, MD 21202, by Friday, May 3, 2024. These tickets are very limited and are “first come, first serve” so mail the request as soon as possible. Refunds will be made for anyone on waiting list not receiving tickets.

For additional information, please contact Russell Myers at russell@mdlegion.org.

NAME _________________________________________________________________
POST NO._________________ PHONE#_____________________________________
ADDRESS _______________________________________________________________
CITY _______________________________ STATE _________ ZIP _______________

NUMBER OF TICKETS __________
AMOUNT ENCLOSED __________
CHECK NUMBER __________