

# Jewish War Veterans 114<sup>th</sup> Annual National Convention New Orleans • August 16-23, 2009

Omni Royal Orleans Hotel  
621 St. Louis Street • New Orleans, Louisiana 70140  
Phone: (504) 529-5333 • Fax: (504) 529-7089

**Hotel Registration deadline is Wednesday, July 8, 2009**

A one night (\$135/single or double) deposit is required for all hotel registrations. All prices include tax. Rooms with two double beds are very limited. A 3-night minimum stay is required

\$150 Convention surcharge for those not staying at the Omni Royal Orleans Hotel.  
People living within a 50 mile radius are exempt.

Name: \_\_\_\_\_ Post No. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Room will be shared with: \_\_\_\_\_

Arriving: \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ Departing: \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ Total nights \_\_\_\_\_

2009 JWV 114 <sup>th</sup> Annual National Convention	Cost	How Many?	Amount
Convention Registration Fee	\$50.00 per member		
I prefer: <input type="checkbox"/> King/Queen size bed - Depending on Availability (Single Room) <input type="checkbox"/> 2 beds (Double Room)	\$135.00 per night		
• Third bed <u>cannot</u> be added to a room that already has 2 beds. 3rd Person, sharing where possible	\$65.00 per night		
<b>Minimum Deposit Only</b>	<b>\$135.00</b>		
Convention Surcharge for those not staying at the Omni Royal Orleans Hotel	\$150.00		
Sunday Night Dinner with New Orleans Jazz No. of: Fried Chicken _____ Fish _____ Sugar Free Dessert _____	\$37.50		
Louisiana Swamp Tour & Visit to Mardi Gras Museum, Monday, August 17	\$42.50 per person		
Century Club • Wednesday, August 19	\$100.00 member \$40.00 spouse		
Traditional Kosher Shabbat Dinner, Friday, August 21	\$27.50 per person		
Commander's Banquet • Saturday, August 22 No. of: Chicken _____ Fish _____ Kosher _____ Sugar Free Dessert _____	\$40.00 per person		
You must include full payment for all event(s) that you plan on attending. Reservations for trips or activities will only be made if paid in full.	<b>Total:</b>		

I am paying by <input type="checkbox"/> Check <input type="checkbox"/> Credit card:	
<input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Card No. _____	Exp. / _____
Signature _____	

Sign and mail this completed form,  
along with your payment to:  
**Jewish War Veterans**  
1811 R Street, NW  
Washington, DC 20009  
Attn: Convention Dept.