



DEC MEETING RESERVATION FORM



APRIL 20-22, 2012

Holiday Inn
700 W. Main Street
Uniontown, Pennsylvania

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

HOTEL INFORMATION

THE HOLIDAY INN IS ENTIRELY NON-SMOKING!

ARRIVAL DATE _____ DEPARTURE DATE _____ NO. OF PEOPLE IN ROOM _____

PLEASE CHECK ONE: KING (one bed) \$110.88 _____ DOUBLE (two beds) \$110.88 _____

DO YOU REQUIRE A HANDICAP ACCESSIBLE ROOM? _____ YES _____ NO

NAME(S) OF OTHER(S) SHARING ROOM - _____

PAYMENT INFORMATION (CHECKS MUST BE MADE OUT TO THE HOTEL)

Check enclosed (*payable to: Holiday Inn*) for a one-night deposit in the amount of \$110.88

Guarantee by credit card Visa MasterCard Amex Other

Card No. _____ Exp. Date _____

(Credit card will not be billed until you have checked in)

PLEASE COMPLETE THIS FORM IN FULL AND RETURN TO:

*THE AMERICAN LEGION
ATTN: DEBBIE WATSON
PO Box 2324
HARRISBURG, PA 17105
(717) 730-9100*

DEADLINE: MARCH 9, 2012