



**AMERICAN LEGION**  
DEPARTMENT CONVENTION  
RESERVATION FORM



**JULY 19 - 22, 2012**

HILTON HOTEL OR CROWNE PLAZA  
Harrisburg, Pennsylvania

**ALL ROOMS MUST BE RESERVED THROUGH DEPARTMENT HEADQUARTERS!**

**GUEST INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ NUMBER OF ROOMS \_\_\_\_\_

**ONE MUST BE MARKED OR IT WILL BE RETURNED**

DEC \_\_\_\_\_ AMERICAN LEGION \_\_\_\_\_

**HOTEL INFORMATION**

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_ NO. OF PEOPLE IN ROOM \_\_\_\_\_

PLEASE CHECK ONE:

**KING** (one bed) \$143.19 (1-2 people) \_\_\_\_\_

**DOUBLE** (two beds) \$143.19 (1-2 people) \_\_\_\_\_ \$154.29 (3-4 people) \_\_\_\_\_

**ALL ROOMS ARE NON-SMOKING!**

DO YOU REQUIRE A HANDICAP ACCESSIBLE ROOM? \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME(S) OF OTHER(S) SHARING ROOM – \_\_\_\_\_

**PAYMENT INFORMATION**

Guarantee by credit card     Visa     MasterCard     Amex     Other

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

*(If paying by check, please make payable to PA American Legion) (Check in time is 3:00 p.m.)*

**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 FOR RESERVATIONS IS JUNE 1, 2012**