



SAL
DETACHMENT 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

SAL DEC _____ SAL _____

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