



DEC MEETING RESERVATION FORM



JANUARY 8-10, 2010

Holiday Inn
8256 University Boulevard
Moon Township, Pennsylvania

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

HOTEL INFORMATION

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

PLEASE CHECK ONE: KING (one bed) \$91.20 _____ DOUBLE (two beds) \$91.20 _____

THE HOLIDAY INN IS NOW ENTIRELY A NON-SMOKING HOTEL!

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 \$91.20

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: DECEMBER 12, 2009