



DEC MEETING RESERVATION FORM



JANUARY 16-18, 2015

DoubleTree Pittsburgh Airport
8402 University Blvd
Moon Twp., Pennsylvania

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

HOTEL INFORMATION

THE DOUBLETREE IS ENTIRELY NON-SMOKING!

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

PLEASE CHECK ONE: KING (one bed) \$101.46 _____ DOUBLE (two beds) \$101.46 _____

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: PA American Legion*) for a one-night deposit in the amount of \$101.46

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 19, 2014