



SAL
 DEPARTMENT CONVENTION
 RESERVATION FORM

JULY 12 – 15, 2018

CROWNE PLAZA
 Harrisburg, Pennsylvania

ALL ROOMS MUST BE RESERVED THROUGH DEPARTMENT HEADQUARTERS!

GUEST INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____ NUMBER OF ROOMS _____

HOTEL INFORMATION

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

PLEASE CHECK ONE:

KING (one bed) \$154.29 (1-2 people) _____
DOUBLE (two beds) \$154.29 (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, 2018