



Department Executive Committee Meetings RESERVATION FORM



APRIL 19 - 21, 2024

Hilton Scranton & Conference Center
100 Adams Avenue
Scranton, PA 18503
570.558.7335

GUEST INFORMATION

NAME_____

ADDRESS_____

CITY/STATE/ZIP_____

PHONE_____ EMAIL_____

HOTEL INFORMATION

ARRIVAL DATE_____ DEPARTURE DATE_____ NO. OF PEOPLE IN ROOM_____

PLEASE CHECK ONE: KING/QUEEN (one bed) \$171.76___ DOUBLE (two beds) \$171.76___

DO YOU REQUIRE A HANDICAP ACCESSIBLE ROOM? _____YES _____NO
(HANDICAP ROOMS ARE AVAILABLE WITH KING BEDS ONLY)

NAME(S) OF OTHER(S) SHARING ROOM -

PAYMENT INFORMATION

☐ Check enclosed (*payable to: PA American Legion*) for a one-night deposit in the amount of \$171.76

☐ 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: MARCH 15, 2024