



AUXILIARY
DEPARTMENT CONVENTION
RESERVATION FORM



JULY 15 – 17, 2010
(July 15th Executive Committee Meeting)

RADISSON PENN HARRIS
Camp Hill, 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) \$127.53 (1-2 people) _____
DOUBLE (two beds) \$127.53 (1-2 people) _____ \$138.43 (3-4 people) _____

THE RADISSON HOTEL IS COMPLETELY 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 MAY 28, 2010