

# **AMERICAN** Department of **CONVENTION** **LEGION ILLINOIS** **HOUSING FORM**

## 104<sup>th</sup> Annual Department Convention July 12 –15, 2023

All reservations **MUST** be made directly with the hotel housing your Division/S.A.L. on or before June 27, 2023. You may make your reservation by mailing in this form with your credit card information or first nights deposit including tax. **ALL cancellations must be made 24 hours prior to arrival date. Failure to cancel by that date will result in billing of one night's room rate.**

**PARKING IS INCLUDED IN THE RATE AT BOTH HOTELS**

	<u>DIVISION/S.A.L.</u>	<u>RATE</u>
<u>WYNDHAM SPRINGFIELD</u>	1 <sup>st</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> & 5 <sup>th</sup> Divisions	\$117.00 plus tax
<u>CITY CENTRE</u>	and Sons of The American Legion	(\$133.38 total)
700 E. Adams Springfield, IL 62701 217/789-1530		

Reservation- Mail this form to the Wyndham Springfield or phone 217/789-1530, extension 0. When making reservation by phone, provide **group code: 07117027ALC**

	<u>DIVISION/S.A.L.</u>	<u>RATE</u>
<u>PRESIDENT ABRAHAM LINCOLN</u>	2 <sup>nd</sup> Division & Auxiliary	\$117.00 plus tax
<u>HOTEL SPRINGFIELD</u> ( <i>Doubletree by Hilton</i> )		(\$133.38 total)
701 E. Adams Springfield, IL 62701 217/544-8800		

Reservation- Mail this form to the President Abraham Lincoln Springfield or make your reservation online by visiting: [www.my-event.hilton.com/americanlegionstateconvention/](http://www.my-event.hilton.com/americanlegionstateconvention/)

You may also call at 1/866-788-1860 or 217/544-8800. *Please use the Group Code of "AIC" for the Legion and "ALL" for the Auxiliary.*

*Special Notes: All rooms are subject to the applicable sales tax. All reservations must be made with credit card or advanced deposit. Remember, if reserving the room with a personal check, be sure and include the rate including tax as listed above. Cut-off date for ALL RESERVATIONS is Tuesday, June 27, 2023.*

**If you select a hotel that your Division is not housed in, you may be moved to your Division assigned hotel.**

PLEASE PRINT OR TYPE ALL INFORMATION

Division \_\_\_\_\_ District \_\_\_\_\_ Legion/SAL Title \_\_\_\_\_

Hotel \_\_\_\_\_ Type of room (circle) 1 Bed 2 Beds Disabled Access \_\_\_\_\_  
 (Room type requests not guaranteed; hotels will do their best to accommodate. *All hotel rooms are non-smoking.*)

Other Special Requests: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Name(s) of additional people in room: \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_