

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

107th Annual Department Convention July 7 –12, 2026

All reservations **MUST** be made directly with the hotel housing your Division/S.A.L. on or before June 16, 2026. You may make your reservation by mailing in this form with your credit card information or first night's deposit including tax. **ALL cancellations must be made 48 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>PRESIDENT ABRAHAM LINCOLN</u> <u>HOTEL SPRINGFIELD</u> <i>(Doubletree by Hilton)</i> 701 E. Adams Springfield, IL 62701 217/544-8800	5th, 2nd & 3rd Divisions, Auxiliary & SAL	\$127.00 plus tax (\$144.78 total)

Reservation- Mail this form to the President Abraham Lincoln Springfield OR make your reservation online.
 For LEGION/SAL Reservations: <https://www.hilton.com/en/attend-my-event/americanlegion2026convention/>
 For AUXILIARY Reservations: <https://www.hilton.com/en/attend-my-event/americanlegionauxiliary/>

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

<u>STATE HOUSE INN</u> <u>Trademark by Wyndham</u> 101 E. Adams Springfield, IL 62701 217/528-5100	1st & 4th Divisions	\$127.00 plus tax (\$144.78 total)
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Reservation- Mail this form to the State House Inn with first night's payment OR make your reservation online.
<https://www.wyndhamhotels.com/hotels/02357?checkInDate=07/06/2026&checkOutDate=07/12/2026&groupCode=070626AME>

You may also call at 217/528-5100. Please mention that you are with the American Legion.

Special Notes: All rooms are subject to the applicable sales tax. All reservations must be made with credit card or advanced deposit. If reserving the room with a personal check, include the rate including tax as listed above. Cut-off date for ALL RESERVATIONS is June 16, 2026. **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 _____