

Section 4: Hotel Reservation

Only one occupant per room should complete this section of the form and that individual will be listed as the primary occupant of the room.

Check-in: Day: _____ Date (MM/DD/YYYY): _____

Check-out: Day: _____ Date (MM/DD/YYYY): _____

Room Type: King Hilton Honors number: _____

Double

ADA Double

Special Requests: _____

Additional Occupants:

Occupant 2: _____
First *Last*

Occupant 3: _____
First *Last*

Occupant 4: _____
First *Last*

Section 5: Credit Card Information (Required for Hotel Reservation)

The room deposit will not be charged to your credit card by the hotel until the date of check-in.

Credit Card Type: Visa MasterCard Discover

Name on card: _____
First *Last*

Card Number: _____

Expiration Date (MM/YY): _____ Security Code: _____

Signature: _____

Section 6: Payment Information

Payment method: Check enclosed Use credit card information above

Payment summary:

Registration Fee(s): \$ _____

Iowa Party: \$ _____

Natl Cdr Banquet: \$ _____

Total: \$ _____

Submit form and payment to:
The American Legion of Iowa
Attn: National Convention
720 Lyon Street
Des Moines, IA 50309
Registration deadline: June 15