

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

105th Annual Department Convention July 9 –14, 2024

All reservations MUST be made directly with the hotel housing your Division/S.A.L. on or before June 18, 2024. 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>WYNDHAM SPRINGFIELD</u>	2 nd , 3 rd , 4 th & 5 th Divisions and Sons of The American Legion	\$119.00 plus tax
<u>CITY CENTRE</u>		(\$135.66 total)
700 E. Adams Springfield, IL 62701 217/789-1530		

Reservation- Mail this form to the Wyndham Springfield ATTN: Grace Giacometti or phone 217/789-1530, ext 0. Visit <https://bit.ly/42e9rRd> to make your reservation online. For online/phone reservations, provide **group code: 07097027AML**

<u>PRESIDENT ABRAHAM LINCOLN</u>	1st Division & Auxiliary	\$119.00 plus tax
<u>HOTEL SPRINGFIELD</u> <i>(Doubletree by Hilton)</i>		(\$135.66 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.
For LEGION Reservations: www.hilton.com/en/attend-my-event/americanlegionconvention/
For AUXILIARY Reservations: 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 "ALM" for the Legion and "ALX" 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. If reserving the room with a personal check, include the rate including tax as listed above. Cut-off date for ALL RESERVATIONS is June 18, 2024.

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 _____