



**THE AMERICAN LEGION OF IOWA
NATIONAL CONVENTION REGISTRATION
2018 – MINNEAPOLIS, MN**

Section 1: Contact Information

Enter name as you would like it to appear on your convention name badge.

Full Name: _____
First *Last*

Address: _____
Address

_____ *City* *State* *Zip Code*

Home Phone: _____ Mobile Phone: _____

Email: _____

Section 2: Registration

Check only one. Use separate form for each registration. *Example 1: If you are registering with both the Legion and the SAL, complete two forms. Example 2: If you are registering with the Legion and your spouse is registering as a Guest, complete two forms. You may include all American Legion Form 1 forms with one payment. Auxiliary Form 2 and Shirt Order forms must be paid separately.*

- American Legion Delegate \$ 25.00 \$ _____
- American Legion Alternate \$ 25.00 \$ _____
- Guest \$ 25.00 \$ _____
- Sons of The American Legion Delegate - *Fee paid by SAL*
- Sons of The American Legion Alternate - *Fee paid by SAL*

District Number: _____ Post / Squadron No: _____

Section 3: Tickets

_____ Iowa Party Tickets at \$25.00 each \$ _____

_____ National Commander’s Banquet Tickets at \$48.00 each \$ _____

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
 Double
 ADA Double

Special Requests: _____

Additional Occupants:

Occupant 2: _____
First *Last*

Occupant 3: _____
First *Last*

Occupant 4: _____
First *Last*

Room Deposit of will be charged to your credit card by hotel at time of reservation.

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

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