

**For Housing &
Pre-registration
Mail to:**

**Bonnie Proctor
Housing Chairman
2008 Department Convention
6221 Upton Avenue South
Richfield, MN 55423**

July 17-19, 2008

All Department Officers and Official Family members who plan to attend the Convention and seek housing at the Headquarters Hotel, the Sheraton Bloomington Hotel for both the Legion and Auxiliary, are urged to make a reservation in advance of the deadline for Official Family of **Friday, May 2, 2008**. All those planning to attend must also complete a registration form which is included. Please use a separate registration form for each person attending and note that the registration must be paid by separate **check** payable to **THE AMERICAN LEGION CONVENTION CORPORATION**.

All housing will be released to the general public on June 15, 2008

OFFICIAL FAMILY HOUSING FORM

THE OFFICIAL HEADQUARTERS HOTELS IS Sheraton Bloomington Hotel

A deposit for the first night is required when making a housing reservation. This can be done by check or credit card. Make your check payable to the Sheraton Bloomington Hotel.

NAME _____ DISTRICT _____ POST # _____ UNIT # _____

ADDRESS _____

CITY/STATE _____ ZIP _____ TELEPHONE: _____ / _____ - _____

ARRIVAL DATE: JULY _____, 2008 DEPARTURE DATE: JULY _____, 2008

Check in time: after 3 PM, check out time: 12 noon.

FIRST CHOICE: _____
(Room Type)

NO. OF PEOPLE _____ SMOKING/NON-SMOKING _____

SECOND CHOICE: _____
(Room Type)

THIRD CHOICE: _____
(Room Type)

SIGNATURE _____

CREDIT CARD NO.: _____ (Please circle) Amex/Diners Club/Visa/Master/CarteBlanche/Discover

NAME AS SHOWN ON CARD: _____ EXPIRATION DATE: _____

All housing requests and pre-registration forms must be received by May 2, 2008.

Reservation and cancellation changes are to be made directly with the hotel. Cancellations must be made 48 hours prior to the reservation date or charges will be made for that day. No housing confirmations will be sent out. If you wish to confirm your housing, please call the Sheraton at 866-837-4278 **after** June 15. Please allow time for the hotel to receive your reservation and input into their computer system before you call.

Names of persons sharing room: _____

Confirmation of the above housing reservation should be sent to:

NAME: _____

(Type or print)

ADDRESS

CITY

STATE

ZIP