



**Hotel Reservation Form
NATIONAL CENTENNIAL CONVENTION
INDIANAPOLIS, IN
AUGUST 21-28, 2019**

Sheraton City Centre. 31 West Ohio Street. Indianapolis, IN 46217
Sheraton City Centre, Indianapolis (317-635-2000)

Guest Information:

Name: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Payment Information *(Checks must be made payable to the Hotel)*

Check enclosed: (payable to: Sheraton City Centre for one-night deposit) OR

Guarantee by credit card: Visa MasterCard Amex Other

Card Number: _____ Expiration Date: _____ MO/YR

(Credit card will not be billed until you have checked in; however, if you must cancel your reservation, you must personally contact the hotel within 72 hours of check-in or you will be charged).

Hotel Information: The Sheraton City Centre is a ***NON-SMOKING HOTEL!***

Arrival Date: _____ Departure Date: _____ Number of People in Room: _____

Please Check One: Standard King/ADA King/Doubles (\$126.00 + Tax @ **17%** per room/night)
 2-Bedroom Parlor Suites (\$171.00 + Tax @ **17%** per room/night)

Additional Occupant in room (Flat Rate) Rollaway Rate per day (\$25.00) Parking Rate per day: Valet (\$40) – Self (\$25)

Do you require a handicap accessible room? _____ Yes _____ No

Name(s) of other(s) sharing room: _____/_____

Please complete this form in full and return to: The American Legion, Department of Georgia
3035 Mt. Zion Road, Stockbridge, GA 30281

DEADLINE: July 5, 2019

Hotel Reservations must be made through
Department Headquarters

REGISTRATION FEES

Each **Delegate, Alternate** and **Guest** must pay a \$25.00 registration fee.

The duly-elected Auxiliary Delegates and the SAL Delegates (and their respective Alternates) are **EXEMPT** from paying registration fees. The **Auxiliary Secretary and SAL Adjutant** are responsible for paying the registration fee for their **Delegates and Alternates**.

REGISTRATION
\$ 25.00 per PERSON _____

COMMANDER'S CENTENNIAL BANQUET
\$51.00 per PERSON _____

SOUTHERN BLOC
\$41.00 per PERSON _____

PARADE SHIRTS \$ 23.00 Each
SHIRT SIZE: _____

TOTAL PAYMENT _____

Make check payable to: The Department of Georgia

(Do **NOT** include your Hotel Reservation on this check)

Mail to: **Department of Georgia, 3035 Mt. Zion Road, Stockbridge, GA 30281**

AUXILIARY PRESIDENT'S BANQUET

\$50.00 per PERSON: _____

Make check payable to the *AUXILIARY* for the President's Banquet only.