

The American Legion, Department of New Hampshire

21 South Fruit Street, Suite 266, Concord, NH 03301 - (603) 856-8951

102<sup>nd</sup> National Convention, August 27 – September 2, 2021.

**DEADLINE FOR RECEIPT OF THIS FORM IN DEPARTMENT HEADQUARTERS IS 4 PM FRIDAY JULY 2, 2021**

The New Hampshire Headquarters will be at the Sheraton Phoenix Downtown, 340 North 3<sup>rd</sup> Street, Phoenix Az. 85004.

Accommodations \$125.00, Tax on room is 12.57% per room per night (subject to change), King beds (1-2 persons) \$125.00, Double (1-2 persons) 125.00, ADA \$125.00, Additional occupants in room \$20.00 (Triple/Quad), Rollaway \$10.00 a day, Parking Rate per day 26.00 Self/36.00 Valet

Housing Deposits: A deposit of 140.00, which includes tax, is required for each room plus additional fees (i.e. Additional Occupant).

Non-Delegate or Alternate Registration Fees: \$25.00 registration fee before room assignments are made. All housing on a basis of three nights minimum occupancy. On Check-out make sure your deposit is credited to your account.

Room to be occupied by: (List full name, and address of each person)

NAME	ADDRESS & PHONE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

Circle Choice: King, Double, ADA

Email Address (if available) \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Although not mentioned in the hotel contract, you should consider this a non-smoking hotel and will probably have to pay a fee for cleaning, if caught smoking. The Department will not be responsible for any smoking related fees.

If you plan to attend the convention, but have other housing arrangements, Please check ( ) and RETURN TO THE DEPARTMENT.

**DEPARTMENT CAUCUS:**

**Appropriate Attire Required: Location (TBA) Saturday August 28, 2021 at 4 PM.**

Enclose a check payable to: The American Legion, Department of New Hampshire

Circle One: King, Double, ADA

Housing Deposit: (\$140.00, which includes 12.57% tax) \_\_\_\_\_

Registration Fee (\$25.00) (Non Delegate/Guest) \_\_\_\_\_

Additional Occupant (\$20.00 each) \_\_\_\_\_

Rollaway Bed (\$10.00 a day) \_\_\_\_\_

Total: \_\_\_\_\_

**IMPORTANT NOTICE: NO TELEPHONE RESERVATIONS WILL BE ACCEPTED BY THE DEPARTMENT OR THE HOTEL**

Name: \_\_\_\_\_ TEL. NUMBER: \_\_\_\_\_ POST # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL# \_\_\_\_\_

**PLEASE ENSURE ALL ITEMS ANSWERED IN FULL**