

SAL NATIONAL EXECUTIVE COMMITTEE FALL MEETING

RETURN THIS FORM NO LATER THAN AUGUST 28, 2017, TO: PAUL BROWN, SAL LIAISON, P.O. BOX 1055, INDIANAPOLIS, IN 46206. Email: pbrown@legion.org.

I will attend the SAL National Executive Committee meeting on Saturday and Sunday, October 7-8, 2017

Arrival Date: _____ a.m./p.m.

Departure Date: _____ a.m./p.m.

ID Number _____

SAL Member (nine digit) ID number

Travel by air _____ Private Auto _____

(Late check in (after 6 pm) _____). If late check in, estimate time of possible check in _____.

_____ I will **not** need a hotel reservation

_____ I will need a hotel reservation at the downtown Sheraton Hotel. **All Rooms – non smoking**

_____ Friday, Oct 6; _____ Saturday, October 7; _____ Other (Sunday)(Limited)

Must be official reason only

_____ Single Room - one bed, one person \$110.00/night

Any handicap needs _____

_____ Double/Double Room - two beds, two person \$110.00/night

(specify)

Name and address of person sharing room with me who I have notified, if applicable:

Your room must be secured by a credit card, no exceptions.

Card # _____

Type _____ Exp. Date _____

_____ Email Address _____

Your Name and Title

Day

Telephone # _____

Address

City, State and Zip

NOTES: IF YOU ARE ENTITLED TO REIMBURSEMENT, YOU MUST RETURN THIS FORM TO THE SAL LIAISON IN ORDER TO HAVE A REIMBURSEMENT PROCESSED AND RESERVATION.

IF YOU PLAN TO ATTEND THE MEETING AND NOT ENTITLED TO REIMBURSEMENT, YOU MUST RETURN THIS FORM TO THE SAL LIAISON IN ORDER TO HAVE A RESERVATION.

DO NOT SEND ANY DEPOSIT

DEADLINE – August 28, 2017