

FORM 4 - TAN

2008 NATIONAL CONVENTION – PHOENIX, ARIZONA

EMERGENCY NOTIFICATION FORM

Legion	Auxiliary	S.A.L.	Guest
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NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE: _____

HEALTH INSURANCE CO. _____

EMERGENCY CONTACT IN CONVENTION CITY:

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE: _____

EMERGENCY CONTACT AT HOME:

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE: _____

HOTEL IN CONVENTION CITY:

HOTEL NAME: _____

PHONE: _____

<u>RETURN BY JUNE 15, 2008</u>		
<u>American Legion Delegates & Alternates</u> <u>All Guests</u> Submit with Form 2 (Blue) to <u>American Legion</u>	<u>S.A.L. Delegates & Alternates</u> Submit with Form 5 (Green) to <u>American Legion</u>	<u>Auxiliary Delegates & Alternates</u> Submit with Form 3(Purple) to <u>American Legion Auxiliary</u>