District	Fall Conference		Return before July 15
Date:			Conference Start Time:
Location of Leg	ion Meetings:		
Location of Leg	non weetings.	(Building Name)	
		(Street Address)	
		(City, State ZIP)	
Location of Aux	iliary Meetings:		
Location of Aux	illiai y ivieetiligs.	(Building Name)	
		(Street Address)	
		(City, State ZIP)	
Location of Banquet:		(Duilding Name)	
		(Building Name)	
		(Street Address)	
		(City, State ZIP)	
Location of Hot	el:	(Name)	
		(Nume)	
		(Street Address)	
		(6): 6:	
		(City, State ZIP)	
		(Phone Number)	
Hospitality Info	rmation:		
		(Location)	
		(Date & Time)	
Return forms to	o:	The American Legic	on
		720 Lyon Street	
		Des Moines, IA 503 info@ialegion.org	09
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