

District \_\_\_\_\_ Spring Conference

Return before January 15

Date: \_\_\_\_\_ Conference Start Time: \_\_\_\_\_

Location of Legion Meetings:

\_\_\_\_\_  
(Building Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State ZIP)

Location of Auxiliary Meetings:

\_\_\_\_\_  
(Building Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State ZIP)

Location of Banquet:

\_\_\_\_\_  
(Building Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State ZIP)

Location of Hotel:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State ZIP)

\_\_\_\_\_  
(Phone Number)

Hospitality Information:

\_\_\_\_\_  
(Location)

\_\_\_\_\_  
(Date & Time)

Return forms to:

The American Legion  
720 Lyon Street  
Des Moines, IA 50309  
info@ialegion.org