

2025 – TAMPA, FL

Section 1: Contact Information

Name:

First

Last

Address:

Address

City

State

Zip Code

Mobile Phone:

I wish to receive text alerts:

9

Yes

Email:

Membership ID:

Check only one – Please use separate form for each registration.

☐

American Legion Delegate

\$ 35.00

\$

9

American Legion Alternate

\$ 35.00

\$

□

Guest

\$ 35.00

\$

Sons of The American Legion Delegate - *Fee paid by SAL*

□

Sons of The American Legion Alternate - *Fee paid by SAL*

District Number:

Post / Squadron No:

Section 3: Tickets

Iowa Party Tickets (*Iowa party is currently not scheduled.*)

\$

National Commander's Banquet Tickets at \$70.00 each

\$

Section 4: Hotel Reservation

Only one occupant per room should complete this section of the form and that individual will be listed as the primary occupant of the room.

Check-in: Day: _____ Date (MM/DD/YYYY): _____

Check-out: Day: _____ Date (MM/DD/YYYY): _____

Room Type: ☐ King Hilton Honors number: _____

☐ Double

☐ ADA Double

Special Requests: _____

Additional Occupants:

Occupant 2: _____
First Last

Occupant 3: _____
First Last

Occupant 4: _____
First Last

Section 5: Credit Card Information (Required for Hotel Reservation)

The room deposit will not be charged to your credit card by the hotel until the date of check-in.

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Name on card: _____
First Last

Card Number: _____

Expiration Date (MM/YY): _____ Security Code: _____

Signature: _____

Section 6: Payment Information

Payment method: ☐ Check enclosed ☐ Use credit card information above

Payment summary:

Registration Fee(s): \$ _____

Iowa Party: \$ _____

Natl Cdr Banquet: \$ _____

Total: \$ _____

Submit form and payment to:

**The American Legion of Iowa
Attn: National Convention
720 Lyon Street
Des Moines, IA 50309**

Registration deadline: June 15