

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