

**The American Legion Department of New York
Welcome Home Celebration - May 11-12, 2012
Honoring National Commander Fang A. Wong
The Desmond Hotel & Conference Center
660 Albany-Shaker Road, Albany, New York 12211**

Official New York Homecoming Hotel Reservation Form

Special blocks of rooms are being held for The New York American Legion Homecoming honoring National Commander Fang A. Wong. It is important that you **only use the official American Legion Housing Form**. You **CANNOT** make reservations for rooms directly with the Desmond Hotel. Reservations **NOT** processed with this form **WILL NOT** receive the special homecoming rates.

ALL REQUESTS FOR ACCOMMODATIONS MUST BE RECEIVED BY APRIL 1, 2012. AFTER THAT DATE, ALL ROOM BLOCKS WILL BE RELEASED, AND ROOMS WILL BE ASSIGNED ON SPACE AVAILABILITY. THIS FORM IS FOR ONE ROOM ONLY. Please do not request a block of rooms. You are welcome to make a copy of this blank form in order to make other reservations as needed. **KINDLY GIVE ALL INFORMATION REQUIRED.**

RESERVATION TO BE CONFIRMED TO: (PLEASE PRINT CLEARLY)

NAME _____ PHONE (Daytime) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-Mail _____ Cell Phone _____

CREDIT CARD NUMBER: _____ Exp. Date _____ (must expire after 6/12)

CARDHOLDER'S NAME: _____ County: _____ District: _____

I will **ARRIVE** in Albany on: **Thursday May 10:** _____ **Friday May 11:** _____ **Saturday May 12:** _____

I will **DEPART** Albany on **Sunday May 13:** _____ **Other:** _____ **Total Room Nights Needed:** _____

Mode of Travel: Automobile: _____ Air: _____ Bus: _____ Train: _____

Room reservations will be guaranteed for late arrival on the day of arrival. You must provide a credit card number to hold your room. Cancellation notice of 72 hours is required for all rooms, or you will be charged the first night's room and tax.

TYPE OF ROOM: Handicap Accessible Room _____ Non-Smoking Room _____ Rollaway Bed _____

Single (1 person in room) _____ Double (2 people/1 bed) _____ Twin (2 people/2 beds) _____

Triple (3 people/ 2 beds) _____ Quad (4 people/2 beds) _____

PLEASE LIST NAMES OF **ALL OCCUPANTS** SHARING ROOM:

1st Person: _____ 2nd Person: _____

3rd Person: _____ 4th Person: _____

Special American Legion Room Rate: Single/Double: \$129.00

*** To insure tax exemption, present a copy of tax exempt certificate (ST-119. 5) when you check into hotel. **DO NOT** send exempt form, checks or cash with this room request. Credit Card number MUST be provided on this form to hold a room or **form will be returned**. Payment of room at Homecoming will be by any means you wish.

PLEASE CHECK APPROPRIATELY: LEGION _____ AUXILIARY _____ S.A.L. _____ GUEST _____

The Desmond Hotel will mail confirmation within two weeks after receiving reservation. **None will be mailed before April 1, 2012.**

Mail Completed Form To: **Robert L. Morrill**
The American Legion
112 State Street Suite 1300
Albany, New York 12207

Inquiries:
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