



THE AMERICAN LEGION DEPARTMENT OF MASSACHUSETTS
2018 CONVENTION HOTEL RESERVATION FORM

Hotel 1620 at Plymouth Harbor
180 Water St
Plymouth, MA 02360

Please Print Legible Post # _____ District # _____

Name : _____

Street Address : _____

City / State : _____

Phone #: _____ E-mail: _____

Three nights minimum stay required. Room rate: **\$139.63 per night (tax included)**

Wednesday	Thursday	Friday	Saturday	Sunday
June 6 (optional)	June 7	June 8	June 9	June 10 (optional)
_____	_____	_____	_____	_____

ALL ROOMS ARE NON-SMOKING (\$250 CLEANING FEE WILL BE CHARGED)

Select Room by placing an X next to type:

2 Beds _____ 1 Bed _____ H/C accessible (If available) _____

No Show's will be charged one night and remainder of reservation will be cancelled.

Credit card type: _____ Expiration date: _____

Credit card number: _____

Signature: _____

RETURN TO: The American Legion
 Department of Massachusetts
 RM 546-2 State House
 Boston MA 02133-0144

Cut off date: April 15, 2018
Post Form

Rooms will Only be reserved through the Department Office
Please make out **One form per room** make copies of this form if necessary