



The American Legion  
Department of Massachusetts, Inc.  
RM 546 – 2 State House  
Boston, MA 02133-1044  
(617) 727-2966  
Email: [deptadjutant@masslegion.org](mailto:deptadjutant@masslegion.org)

**January 6, 2025**

**Dear Legion, SAL and Riders,**

**Department Convention – June 6-8 2025  
Department Executive Meeting June 5, 2025  
Get – Together June 5, 2025**

**\*\*\*\*\*All reservations are made through the Department Office\*\*\*\*\***

**The room rate: Free Breakfast Included**

**Three night minimum stay for LEGION members**

- **Single – Double \$156.00 plus 11.7% tax = \$174.25**
- **Triple - \$166.00 plus 11.7% tax =\$185.42**
- **Quad - \$176.00 plus 11.7% tax =\$196.59**
- **The cutoff date for room reservation is May 20 , 2025**
- **Roll-away beds \$18.00 Per Night**
- **All Rooms are Non-Smoking (\$250 Cleaning Fee will be charged)**
- **No Show's will be charged one night and remainder of reservation will be cancelled**

**On behalf of the Housing Convention Committee  
We thank you for your co-operation.**

**Yours in comradeship:**

**Chairperson: *Lisa A. McPhee***

**Vice Chairperson: *Milton Lashus***



## Department Convention Housing Form

Best Western Royal Hotel & Trade Center  
 181 Boston Post Rd West  
 Marlborough, MA 01752  
 508-460-0700  
 June 4-9, 2025

PLEASE PRINT CLEARLY AND FILL OUT ALL SECTIONS OF THIS FORM

**LEGION/SAL/RIDER INFORMATION**

NAME:	MEMBER ID #
ADDRESS:	PHONE:
CITY/STATE:	EMAIL:
ZIP CODE:	

**ROOM TYPE**

**# OF NIGHTS**

**HANDICAP**

Single/Double: \$174.25 A NIGHT		YES OR NO
TRIPLE: \$185.42 A NIGHT		YES OR NO
QUAD: \$196.59 A NIGHT		YES OR NO

**ROOMING WITH**

NAME:	PHONE:	MEMBER ID #

**CHECK IN DATE**

**CHECK OUT DATE**

DATE:	DATE:

**CREDIT CARD INFORMATION**

Number:	Exp	CVV:



**Department of Massachusetts 106<sup>th</sup> State Convention**

**Get Together**

**Date: June 5, 2025**

**Time: 5:00 PM to 8:00 PM**

**Location: Best Western Royal Hotel & Trade Center**

**181 Boston Post Rd West**

**Marlborough, MA 01752**

**DEPARTMENT GET TOGETHER-\$35.00 EACH**

**Make check out to American Legion Department of Massachusetts**

**NAME**

**NUMBER OF TICKETS**

NAME	NUMBER OF TICKETS

**Please submit check to:**

**American Legion Dept. of Massachusetts**

**24 Beacon St. State House RM 546-2**

**Boston, MA 02133**

**Hope To See You There**