



20 W 12th Street, Room 300A
 St. Paul, MN 55155-2000
 Email: event@mnsal.org
 Phone: (651) 291-1800; 1-866-259-9163
 Fax: (651) 291-1057

BID FORM FOR DETACHMENT EVENTS

Squadron Number _____ Squadron Location _____ District: _____

Address: _____

City: _____ Zip: _____

Contact Name _____ Phone Number: _____

Email: _____

***THIS BID FORM SHOULD BE SUBMITTED NO LATER THAN THE DETACHMENT CONVENTION. IT MAY BE SUBMITTED IN PERSON TO THE DETACHMENT ADJUTANT OR MAILED TO:
 Jason Voss, Detachment Adjutant 5213 Howe Lane Brooklyn Center, MN 55430
 {612} 834-4004 or email event@mnsal.org***

Spring Conference Spring Conference is typically held the 3rd Saturday of March. Date may vary based on American Legion Department calendar.

Detachment Convention Detachment Convention is held the last full weekend of June.

Both Events Friday Evening 2 meetings are held - Finance Committee & Detachment Executive Committee (DEC). Finance Meeting begins at 7:00 pm, DEC to follow. Space needed to hold 40 people comfortably. Head table required.

Saturday all day until approximately 4:00 pm - General Session.
 Space needed to hold 70-100 people comfortably. Head table required.

Meals Friday evening prior to Finance Meeting- everyone pays their own (**not** included in registration fee).

Saturday lunch (included in registration)

Registration Fee for events	Conference	Convention
If paid 10 days in advance		
Adults	\$20	\$25
Children Ages 5 – 10	\$10	10
After the 10 day cut off		
Adults	\$25	\$30
Children Ages 5 – 10	\$15	15

Children ages 4 and under are always free.



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Our bid is for:

Spring Conference _____ Detachment Convention _____

Please check all that apply – Must meet the requirements noted above:

- | | |
|-------------------------------------------|----------------------------------------------------|
| _____ Friday Meeting Room (7 – 9 PM) | _____ Saturday Meeting Room (7 AM – 4 PM) |
| _____ Friday meals available for purchase | _____ Sat Continental Breakfast & Lunch (included) |
| _____ Microphone and PA system | _____ Accessible internet |
| _____ Hotels available (close proximity) | _____ Video capability (projector or TV hook up) |
| _____ Handicap Accessible | _____ Copier/printer (if needed) |

Other information you wish to provide:

Signature: _____

Printed Name: _____

Title: _____

Date: _____