



**CERTIFICATION OF DETACHMENT**  
**CONVENTION DATES**

Detachment of: \_\_\_\_\_

The \_\_\_\_\_ Annual Convention of the

Detachment of \_\_\_\_\_

will be held on \_\_\_\_\_

at (Location, include street address, if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration opens at \_\_\_\_\_

(Time)

(Date)

The first session begins at \_\_\_\_\_

(Time)

(Date)

Acknowledgement

CERTIFIED:

\_\_\_\_\_  
Detachment Adjutant

\_\_\_\_\_  
Department Adjutant

This form should be submitted to National Headquarters as soon as the information is available.

SAL 2-A01