

VP-4 ASSOCIATION ACTIVITY REGISTRATION FORM – AUGUST 23-27, 2017

Listed below are all registration, tour, and meal costs for the reunion. Please enter how many people will be participating in each event and total the amount. Send that amount payable to ARMED FORCES REUNIONS, INC. in the form of check or money order, or register online and pay by credit card at www.afr-reg.com/VP-42017 (3.5% will be added to total). If a valid email address is provided, a receipt will be emailed. Otherwise, your cancelled check will serve as your confirmation. Returned checks will be charged a \$20 fee. All registration forms and payments must be received by mail on or before July 25, 2017. After that date, reservations will be accepted on a space available basis. We suggest you keep a copy of this form. Please do not staple or tape your payment to this form.

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: VP-4 Assn

OFFICE USE ONLY

Check # _____ Date Received _____
 Inputted _____ Nametag Completed _____

CUT-OFF DATE IS 7/25/17

	Price Per	# of People	Total
<u>TOURS</u>			
Wednesday, 8/23 starting at 9:30 AM: CITY TOUR	\$50		\$
Wednesday, 8/23 starting at 7:00 PM: SHEAR MADNESS AT THE KENNEDY CENTER	\$68		\$
Thursday, 8/24 starting at 11:00 AM: SPIRIT OF WASHINGTON LUNCH CRUISE	\$90		\$
Friday, 8/25 starting at 10:00 AM: STEVEN F. UDVAR HAZY CENTER	\$44		\$
Friday, 8/25 starting at 6:45 PM: EVENING PARADE	\$35		
Saturday, 8/26 starting at 9:00 AM: NATIONAL MUSEUM OF THE MARINE CORPS	\$60		\$
<u>MEALS</u>			
Saturday, 8/26: BANQUET DINNER <i>(Please select your entrée below)</i>			
<i>Sliced London Broil</i>	\$67		\$
<i>Chicken Piccata</i>	\$67		\$
<i>Vegetarian Option</i>	\$67		
<u>MANDATORY REGISTRATION FEE & DUES</u>			
Registration Fee: Includes various reunion and administrative expenses.	\$10		\$
2017-2018 Membership Dues <i>(dues must be current to attend reunion)</i>	\$20		
Lifetime Dues	\$100		
<u>I am a Lifetime Member</u>		#	
Total Amount Payable to Armed Forces Reunions, Inc.			\$

PLEASE PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAMETAG

FIRST _____ LAST _____ SPOUSE _____

UNIT INFO _____ YEARS SERVED? 19 _____ - 19 _____

GUEST NAMES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PH. NUMBER (_____) _____ - _____ EMAIL ADDRESS _____

DISABILITY/DIETARY RESTRICTIONS _____

(Sleeping room requirements must be conveyed by attendee directly with hotel)

MUST YOU BE LIFTED HYDRAULICALLY ONTO THE BUS WHILE SEATED IN YOUR WHEELCHAIR IN ORDER TO PARTICIPATE IN BUS TRIPS? ☐ YES ☐ NO **(PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).**

EMERGENCY CONTACT _____ PH. NUMBER (_____) _____ - _____

By submitting this form you will be enrolled in our monthly newsletter subscription. To opt out of this service, please check the box. ☐
 For refunds and cancellations please refer to our policies outlined at the bottom of the reunion program.

CANCELLATIONS WILL ONLY BE TAKEN MONDAY-FRIDAY 9:00am-4:00pm EASTERN TIME (excluding holidays). Call (757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refunds processed 4-6 weeks after reunion.

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