

VP-4 ASSOCIATION ACTIVITY REGISTRATION FORM – SEPTEMBER 11-15, 2019

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-42019 (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 August 8, 2019. 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 8/8/19

	Price Per	# of People	Total
<u>TOURS</u>			
Thursday, 9/12: Harbor Cruise & Old Town Tour	\$ 64	#	\$
Friday, 9/13: San Diego Air & Space Museum and Coronado Tour	\$ 57	#	\$
Saturday, 9/14: USS Midway Tour	\$ 44	#	\$
<u>MEALS</u>			
Saturday, 9/14: BANQUET DINNER <i>(Please select your entrée below)</i>			
<i>Sliced & Grilled Tri-Top with a Wild Mushroom Sauce</i>	\$ 63	#	\$
<i>Grilled Chicken with Roasted Pepper Cream Sauce</i>	\$ 63	#	\$
<i>Garlic Herb Marinated Salmon with a Sundried Tomato Basil Cream Sauce</i>	\$ 63	#	\$
<i>Mushroom Ravioli with a Pesto Cream Sauce</i>	\$ 63	#	\$
<u>MANDATORY REGISTRATION FEE & DUES</u>			
Registration Fee: Includes various reunion and administrative expenses.	\$ 20	#	\$
2019-2020 Membership Dues <i>(dues must be current to attend reunion)</i>	\$ 20	#	\$
Lifetime Dues	\$ 100	#	\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

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

FIRST NAME: _____ LAST NAME: _____

YEARS SERVED? 19_____ - 19_____ LIFETIME MEMBER: YES NO

CREW/SHOP/POSITION: _____

SPOUSE'S NAME: _____ GUESTS' 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).**

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.