

**LPHs - IWO JIMA CLASS ACTIVITY REGISTRATION FORM | SEPTEMBER 23 – 27, 2020**

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. Your cancelled check will serve as your confirmation. Returned checks will be charged a \$20 fee. You may also register online and pay by credit card at [www.afr-reg.com/lphships2020](http://www.afr-reg.com/lphships2020) (3.5% convenience fee will be added to credit card charges). All registration forms and payments must be received by mail on or before August 26, 2020. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of this form before mailing. Please do not staple or tape your payment to this form.

**Armed Forces Reunions, Inc.**  
**322 Madison Mews**  
**Norfolk, VA 23510**  
**ATTN: LPHs – Iwo Jima Class**

<b>OFFICE USE ONLY</b>	
Check # _____	Date Received _____
Inputted _____	Nametag Completed _____

**CUT-OFF DATE IS 8/26/2020**

	Price Per	# of People	Total
<b>TOURS</b>			
Wednesday, 9/23: Trolley Tour	\$ 49 (was \$54)	#	\$
Thursday, 9/24: Santa Fe Tour	\$ 58	#	\$
Thursday, 9/24: Murder Mystery Dinner	\$ 55 (was \$61)	#	\$
Friday, 9/25: Sandia Tramway & National Museum of Nuclear Science and History	\$ 65 (was \$71)	#	\$
Saturday, 9/26: Indian Cultural Center	\$ 41	#	\$
<b>MEALS</b>			
Wednesday, 9/23: Welcome Reception (indicate # attending)	Compliments of the Assn.	#	\$ 0
Friday, 9/25: Mexican Street Party	\$ 47 (was \$52)	#	\$
Saturday, 9/26: Banquet Dinner ( <i>Please select entrée below</i> )			
Uptown Farmers Market Chicken	\$ 40 (was \$45)	#	\$
Grilled Flank Steak	\$ 40 (was \$45)	#	\$
Lemon Caper Tilapia	\$ 40 (was \$45)	#	\$
<b>MANDATORY PER PERSON REGISTRATION FEE</b>		\$ 50	#
Total Amount Payable to <b>Armed Forces Reunions, Inc.</b>			\$

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

FIRST \_\_\_\_\_ LAST \_\_\_\_\_

SPOUSE NAME (IF ATTENDING) \_\_\_\_\_

MEMBER'S STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ PH. # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

GUEST NAME \_\_\_\_\_ RELATIONSHIP TO MEMBER \_\_\_\_\_

GUEST NAME \_\_\_\_\_ RELATIONSHIP TO MEMBER \_\_\_\_\_

GUEST NAME \_\_\_\_\_ RELATIONSHIP TO MEMBER \_\_\_\_\_

BRANCH (\_\_\_\_) NAVY (\_\_\_\_) MARINES (\_\_\_\_) OTHER \_\_\_\_\_ 1<sup>st</sup> REUNION? (YES\_\_\_\_) / (NO\_\_\_\_)

SHIP / UNIT \_\_\_\_\_ PLANK OWNER? (YES\_\_\_\_) / (NO\_\_\_\_)

DEPT / DIVISION \_\_\_\_\_ YEARS ON BOARD \_\_\_\_\_

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 (someone not travelling with you) \_\_\_\_\_ PH. # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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-5:00pm EASTERN TIME (excluding holidays).** Call (757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refunds processed 4-6 weeks after reunion.