LPHS - IWO JIMA CLASS ACTIVITY REGISTRATION FORM | SEPTEMBER 25-29. 2024

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 https://www.events.afr-reg.com/e/LPHSIwoJima2024 (4% convenience fee will be added to credit card charges). All registration forms and payments must be received by mail on or before August 22, 2024. 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

OFFICE USE ONLY			
Check # _	Date Received		
Inputted _	Nametag Completed		

CUT-OFF DATE IS 8/22/24	Price Per	# of People	Total
MANDATORY PER PERSON REGISTRATION FEE	\$50	#	\$
<u>TOURS</u>			
Wednesday, 9/25: Tour of the Citadel (Subject to Change)	\$68	#	\$
Thursday, 9/26: City Tour/Harbor Cruise (Was \$97)	\$90	#	\$
Friday, 9/27: Patriots Point/Shem Creek Crab House (Was \$101)	\$90	#	\$
Saturday, 9/28: Boone Hall Plantation	\$73	#	\$
•			
MEALS -			
You Must Register for All Meals You Are Attending (inc. Welcome Reception)			
	Compliments		
Wednesday, 9/25: Welcome Reception	of the Assoc.	#	
Thursday, 9/26: Roaring Twenties (Was \$62.74 per person)	\$59	#	\$
Friday, 9/27: Southern Dinner Buffet (Was \$62.74 per person)	\$59	#	\$
Saturday, 9/30: Banquet Dinner (Please select entrée below)			
Seared Chicken with Apricot Demi	\$50	#	\$
8 Ounce NY Strip in Natural Jus with Chimichurri Onions	\$53	#	\$
Baked Salmon with Bourbon Glaze	\$53	#	\$
Vegetarian – Penne Pasta with Tomatoes, Garlic and Basil	\$45	#	\$
Total Amount Payable to Armed Forces Reunions, Inc.		•	\$

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

FIRSTL	AST			
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	1st REUNION? (YES) / (NO)			
SHIP / UNIT	PLANK OWNER? (YES) / (NO)			
DEPT / DIVISION	YEARS ON BOARD			
DISABILITY/DIETARY RESTRICTIONS(Sleeping room requirements must be conveyed by attended				
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 MONDAYFRIDAY 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.