

LPHs - IWO JIMA CLASS ACTIVITY REGISTRATION FORM ~ SEPT. 27 – OCT. 1, 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. 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/lphships2017 (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 25, 2017. 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 8/25/17

	Price Per	# of People	Total
TOURS			
THURSDAY, 9/28: AMISH COUNTRY (Was \$81, now \$60)	\$ 60		\$
FRIDAY, 9/29: GETTYSBURG	\$ 66		\$
SATURDAY, 9/30: TOWN OF HERSHEY	\$ 47		\$
MEALS			
WEDNESDAY, 9/27: PRESIDENT'S RECEPTION (indicate # attending)	Compliments of the Assn.	#	
FRIDAY, 9/29: FRIDAY FUN NIGHT WITH PIZZA (indicate # attending)	Compliments of the Assn.	#	
SATURDAY, 9/30: BANQUET (Please select entrée below)			
LONDON BROIL W/ PEPPERCORN SAUCE	\$ 39		\$
CHICKEN CORDON BLEU	\$ 35		\$
BAKED ATLANTIC SALMON	\$ 39		\$
MANDATORY PER PERSON REGISTRATION FEE	\$ 50		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

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 _____ 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 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. # (____) _____ - _____

By submitting this form you will be enrolled in AFR's 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-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.