LPHs - IWO JIMA CLASS ACTIVITY REGISTRATION FORM | SEPTEMBER 26-OCTOBER 1, 2023

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/LPHSlwoJima2023 (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, 2022. 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	

TITAL EI 113 – IWO Jilila Olass			
CUT-OFF DATE IS 8/26/23	Price Per	# of People	Total
TOURS	1 1100 1 01	i copic	- Total
Wednesday, 9/27: Kansas City Tour	\$53	#	\$
Thursday, 9/28: Steamboat Arabia	\$61	#	\$
Friday, 9/29: St. Joseph/Patee House, Jesse James & Pony Express	\$80	#	\$
Saturday, 9/30: World War I Museum and Memorial	\$62	#	\$
<u>MEALS</u>	Compliments		
Wednesday, 9/27: Welcome Reception (indicate # attending)	of the Assn.	#	
Thursday, 9/28: Pajama Party	\$26	#	\$
Friday, 9/29: BBQ Buffet – Was \$67.00	\$56	#	\$
Saturday, 9/30: Banquet Dinner (Please select entrée below)			
Chicken Marsala – Was \$49.00	\$43	#	\$
Grilled Sirloin – Was \$64	\$58	#	\$
Seared Salmon – Was \$58	\$52	#	\$
Vegetarian – Chef's Choice – Was \$49	\$43	#	\$
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

FIRSTLA	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 BU PARTICIPATE IN BUS TRIPS? YES NO (PLEASE N	e directly with hotel) IS WHILE SEATED IN YOUR WHEELCHAIR IN ORDER TO
For refunds and cancellations please refer to our policies outlined at the be	PH. # () ottom of the reunion program. CANCELLATIONS WILL ONLY BE TAKEN MONDA 757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refun
processed 4-6 weeks after reunion.	