LPHs - IWO JIMA CLASS ACTIVITY REGISTRATION FORM | SEPTEMBER 27-OCTOBER 2, 2022

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/lphships2022 (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 23, 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

processed 4-6 weeks after reunion.

OFFICE USE ONLY		
Check #	Date Received	
Inputted _	Nametag Completed	

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CUT-OFF DATE IS 8/23/2022	Price Per	# of People	Total
TOURS	11100101	i copic	Iotai
Wednesday, 9/28: Providence City Tour	\$48	#	\$
Thursday, 9/29: New Bedford/Whaling Museum	\$59	#	\$
Friday, 9/30: Newport City Tour/Naval War College Museum	\$72	#	\$
Saturday, 10/1: Mystic Seaport	\$70	#	\$
MEALS	Compliments		
Wednesday, 9/28: Welcome Reception (indicate # attending)	of the Assn.	#	
Thursday, 9/29: Beach Celebration – Was \$75.75	\$49	#	\$
Friday, 9/30: Italian Night – Was \$70.52	\$44	#	\$
Saturday, 10/1: Banquet Dinner (Please select entrée below)			
Chicken – Boneless Breast with Sage and Apple Stuffing with a Merlot Sauce	\$46	#	\$
Steak – Grilled New York Sirloin with Roasted Shallot and Burgundy Demi	\$54	#	\$
Fish – Baked New England Scrod with Lemon Herb Butter	\$46	#	\$
Vegetarian – Mushroom Ravioli	\$46		
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	ST			
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 () OTHE	R 1st REUNION? (YES) / (NO)			
SHIP / UNIT	PLANK OWNER? (YES) / (NO)			
DEPT / DIVISION	YEARS ON BOARD			
DISABILITY/DIETARY RESTRICTIONS				
For refunds and cancellations please refer to our policies outlined at the bo	pttom of the reunion program. CANCELLATIONS WILL ONLY BE TAKEN MONDA 757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refund			