

63rd ANNUAL CONVENTION OF THE SECOND AIR DIVISION ASSOCIATION ACTIVITY REGISTRATION FORM

Listed below are all registration, tour, and meal costs for the convention. 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 or register online at www.afr-reg.com/2ndAir. Your cancelled check will serve as your confirmation. Checks returned for insufficient funds will be charged a \$20 fee. All registration forms and payments must be received on or before August 5, 2010. After that date, reservations will be accepted on a space available basis. All new registrations accepted at the convention will be charged a \$10 onsite processing fee. 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: 2nd AIR DIVISION

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

CUT-OFF DATE IS 8/5/2010

	Price Per Person	# of People	Total
REGISTRATION PACKAGE			
Includes Breakfast Buffet on Saturday, Sunday and Monday; Dinner on Friday, Cajun Dinner Buffet on Saturday and Banquet on Sunday; Hospitality Room, Entertainment, Administrative and additional convention expenses including a \$10 AFR registration fee.	Package Price		
<i>Please indicate the total number of people/packages</i>	\$310		\$
<i>Please select your entrée choice(s) below:</i>			
FRIDAY DINNER: Herb Panko Crusted Redfish			
Lemon Rosemary Chicken Breast			
Vegetarian			
SATURDAY: CAJUN DINNER BUFFET <i>Indicate number of people attending</i>			
SUNDAY BANQUET: Prime Rib			
Roasted Sea Bass			
Vegetarian			
TOURS			
FRIDAY: CITY TOUR	\$ 35		\$
SUNDAY: NATIONAL WWII MUSEUM	\$ 39		\$
Total Amount Payable to <u>Armed Forces Reunions, Inc.</u>			\$

Please write your name as you would like it to appear on your nametag.

FIRST _____ LAST _____ BOMB GROUP _____

SPOUSE AND GUEST NAMES _____

EMAIL ADDRESS _____ PH. NUMBER (_____) _____ - _____

STREET ADDRESS _____ CITY, ST, ZIP _____

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 _____ PH. NUMBER (_____) _____ - _____

ARRIVAL DATE _____ DEPARTURE DATE _____

ARE YOU STAYING AT THE HOTEL? YES NO ARE YOU FLYING? DRIVING? RV?

For refunds and cancellations please refer to our policies outlined at the bottom of the convention program. **CANCELLATIONS WILL ONLY BE TAKEN MONDAY-FRIDAY 9:00am-5:00pm EASTERN TIME (excluding holidays).** Call (757) 625-6401 to cancel convention activities and obtain a cancellation code. Refunds processed 4-6 weeks after convention.

REGISTER ONLINE AND PAY BY CREDIT CARD!

www.afr-reg.com/2ndAir