

USMC COMBAT HELICOPTER ASSN ACTIVITY REGISTRATION FORM

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/popasmoke2012 (online registrations will be charged a one-time convenience fee of \$6). All registration forms and payments must be received on or before June 8, 2012. After that date, reservations will be accepted on a space available basis. All new registrations accepted at the reunion 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: POPASMOKE

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

CUT-OFF DATE IS 06/08/12

	Price Per	# of People	Total
REGISTRATION PACKAGE			
MANDATORY FOR EVERY PERSON ATTENDING THE REUNION			
Includes souvenirs and reunion expenses.			
Member Registration Package	\$55		\$
Spouse/Guest Registration Package	\$55		\$
Children (under 18 years)	\$20		\$
OPTIONAL TOURS			
THURSDAY: Fantasy of Flight Tour	\$ 72		\$
FRIDAY: Kennedy Space Center Tour ADULT TICKET	\$ 82		\$
FRIDAY: Kennedy Space Center Tour UNDER 12 TICKET	\$ 72		\$
FRIDAY: City Tour	\$ 27		\$
FRIDAY: GOLF TOURNAMENT	\$ 45		\$
MEALS			
Thursday Welcome Buffet	\$ 64		\$
Thursday Welcome Buffet UNDER 12	\$ 32		\$
Saturday Banquet Dinner (<i>Sirloin & Breast of Chicken</i>)	\$ 54		\$
Saturday Dinner UNDER 12 (chicken fingers)	\$ 25		\$
If not paid yet, include your \$35 Annual Association Dues			
Total Amount Payable to <u>Armed Forces Reunions, Inc.</u>			\$

PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON YOUR NAMETAG:

FIRST _____ LAST _____ YEARS IN COUNTRY 19____ - 19____

PRIMARY SQUADRON: _____ IN COUNTRY SQUADRON(s): _____

EMAIL _____ SPOUSE/GUEST NAMES _____

STREET ADDRESS _____

CITY, ST, ZIP _____ PH. NUMBER (____) _____ - _____

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).

REGISTER ONLINE AT www.afr-reg.com/popasmoke2012

If you choose to register online you will be charged a one-time convenience fee of \$6.00