

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.armedforcesreunions.com/popasmoke. All registration forms and payments must be received on or before July 11, 2008. 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.
PO Box 11327
Norfolk, VA 23517
ATTN: POPASMOKE

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

	Price Per	# of People	Total
<u>CUT-OFF DATE IS 07/11/08</u>			
<u>REGISTRATION PACKAGE</u>			
MANDATORY FOR EVERY PERSON ATTENDING THE REUNION			
Includes Friday night Marine Parade, souvenirs, and reunion expenses.	\$ 55		\$
<u>OPTIONAL TOURS</u>			
<i>Please only choose one tour each day:</i>			
THURSDAY: City Tour	\$ 36		
THURSDAY: Spirit of Washington Lunch Cruise	\$ 72		\$
FRIDAY: City Tour	\$ 36		\$
FRIDAY: Udvar-Hazy Center (Air & Space Museum)	\$ 32		
SATURDAY: Memorial Service ONLY	\$ 15		
SATURDAY: Memorial Service AND Marine Corps Museum Quantico	\$ 30		
<u>MEALS</u>			
Thursday Welcome Buffet	\$ 35		\$
Saturday Banquet Dinner <i>(Please select your entrée)</i>			
Whole Roasted Chicken	\$ 45		\$
Marinated Beef Brisket	\$ 45		
If not paid yet, include your \$35 Annual Association Dues			
Total Amount Payable to <u>Armed Forces Reunions, Inc.</u>			\$

PLEASE PRINT NAME:
 FIRST _____ LAST _____ NICKNAME _____

IN COUNTRY SQUADRON: _____ YEARS IN COUNTRY 19____ - 19____

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).**

ARRIVAL DATE _____ DEPARTURE DATE _____
 ARE YOU STAYING AT THE HOTEL? YES NO ARE YOU FLYING? DRIVING? RV?

NEW FOR 2008!!!
REGISTER ONLINE AT www.armedforcesreunions.com/popasmoke