

USS TICONDEROGA REUNION ACTIVITY REGISTRATION FORM

May 17-22, 2018

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 (no credit cards or phone orders accepted). If a valid email address is provided, a receipt will be sent electronically. Otherwise, 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/ticonderoga2018 (3.5% will be added to online credit card transactions). All registration forms and payments must be received by mail on or before April 12, 2018. 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: USS TICONDEROGA

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

CUT-OFF DATE IS 4/12/18

	Price Per	# of People	Total
<u>TOURS</u>			
FRIDAY, MAY 18: NATIONAL WWII MUSEUM	\$65		\$
FRIDAY, MAY 18: NATIONAL WWII MUSEUM (WWII VETERAN PRICE)	\$37		\$
SATURDAY, MAY 19: NEW ORLEANS CITY TOUR	\$48		\$
<u>HOTEL MEAL</u>			
SUNDAY, MAY 19: BANQUET (Please select your entrée choice)			
8oz Herb Marinated Top Sirloin	\$48		\$
Dijon Mustard Crusted Airline Chicken Breast	\$48		\$
Pan Seared Red Drum with Crawfish Etouffe Sauce	\$48		\$
<u>MANDATORY REGISTRATION FEES</u>			
Armed Forces Reunions Registration Fee (mandatory for all attendees)	\$ 10		\$
Group Registration Fee (waived for shipmate's guests if only attending one event, i.e. banquet)	\$ 65		\$
Total Amount Payable to <u>Armed Forces Reunions, Inc.</u>			\$

PLEASE PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAMETAG

FIRST _____ LAST _____

YEARS ON BOARD 19__ - __ RATE/RANK _____ DIVISION _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

STREET ADDRESS _____

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

EMAIL _____

DISABILITY/DIETARY RESTRICTIONS _____

(Sleeping room requirements must be conveyed by attendee directly to 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 (____) _____ - _____

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