

IWO JIMA 65th ANNIVERSARY ACTIVITY REGISTRATION FORM

Listed below is the registration cost for the Reunion and Symposium. Please enter how many people will be participating 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/iwo65 All registration forms and payments must be received by mail on or before **January 30, 2010**. 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: Iwo Jima 65th Anniversary

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

REGISTRATION PACKAGE	Price Per	# of People	Total
The Iwo Jima Association of America (IJAA) has received good news! All major events of the 65th Anniversary Reunion will be sponsored by "Friends of the Marine Corps". You will only be required to pay a \$40 (per person) registration fee and \$89 per night room rate (plus taxes) at the Sheraton National Hotel in Arlington, Virginia . Sponsored events:			
• Thursday reception with beer, wine, hot and cold hors d'oeuvres	N/C		—
• Transportation to Quantico and lunch on Friday	N/C		—
• Lunch and symposium at hotel on Saturday	N/C		—
• Gala Banquet at the National Museum of the Marine Corps on Saturday	N/C		—
Registration Fee (per person)	\$ 40		\$
Total Amount Payable to Armed Forces Reunions, Inc			\$

PLEASE PRINT NAME

Note: Correct names and addresses are very important because of the prominent position of some of our guests. We will be required to go through metal detectors at the Museum.

FIRST _____ LAST _____ EMAIL _____

SPOUSE NAME (IF ATTENDING) _____

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).

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 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.

You may also register online and pay by credit card at www.afr-reg.com/iwo65