

SOCIETY OF THE 5TH DIVISION 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/society2018 (3.5% will be added to total). All registration forms and payments must be received by mail on or before August 23, 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: SOCIETY OF THE 5TH

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

CUT-OFF DATE IS 8/23/18

	Price Per	# of People	Total
TOURS			
FRIDAY 9/28: COLONIAL WILLIAMSBURG TOUR	\$65		\$
SATURDAY 9/9: MACARTHUR MEMORIAL / SPIRIT OF NORFOLK LUNCH CRUISE	\$83		\$
SATURDAY: BANQUET DINNER (Please select your entrée)			
Sliced Top Round of Beef	\$44		\$
Grilled Chicken Breast with Sauce Supreme	\$44		\$
Baked Tilapia with Lemon Butter Sauce	\$44		\$
SUNDAY: BANQUET DINNER (Please select your entrée)			
Sliced Top Round of Beef	\$44		\$
Chicken with a Demi-Glaze	\$44		\$
Blackened Tilapia with a Remoulade Sauce	\$44		\$
PER PERSON REGISTRATION FEE			
Covers various reunion expenses.	\$20		\$
DONATION FOR HOSPITALITY ROOM EXPENSES	\$		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

PLEASE PRINT NAME AS YOU WANT YOUR NAMETAG TO READ

FIRST _____ LAST _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

UNIT INFORMATION (ex. D CO/1st BN/11th Infantry): _____

YEARS SERVED W/ 5ID(ex. 1965-66): _____

WHERE (CIRCLE ONE): WWII FT CARSON VIETNAM FT POLK OTHER: _____

CURRENT & PAST SOCIETY OFFICE HELD (ex. NATIONAL FIRST VICE PRESIDENT, PAST PRESIDENT, ETC.): _____

STREET ADDRESS OF MAIN ATTENDEE _____

CITY _____ STATE _____ ZIP _____

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

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? (PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY). YES NO

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-4:00pm EASTERN TIME (excluding holidays).** Call (757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refunds processed 4-6 weeks after reunion.