

### 8<sup>th</sup> AFHS 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. You may also register online and pay by credit card at [www.afr-reg.com/8afhs](http://www.afr-reg.com/8afhs). All registration forms and payments must be received by mail on or before July 16, 2009. 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. Returned checks will be charged a \$20 fee.

**Armed Forces Reunions, Inc.**  
**322 Madison Mews**  
**Norfolk, VA 23510**  
**ATTN: 8<sup>th</sup> AFHS**

**OFFICE USE ONLY**

Check # \_\_\_\_\_ Date Received \_\_\_\_\_  
 Inputted \_\_\_\_\_ Nametag Completed \_\_\_\_\_

**CUT-OFF DATE IS 7/16/09**

	Price Per	# of People	Total
<b><u>REGISTRATION FEE</u></b>			
Includes meeting expenses, Eaker Award expenses, and other reunion expenses.	\$60		
Reg. Fee for children ages 10-17 attending more than 1 function & staying at hotel	\$30		
<b><u>DUES</u></b>			
The principal attendee must be a member of the 8AFHS to register for this reunion. If you are not a member, please pay your yearly dues here.	\$30		\$
<b><u>MEAL PACKAGES</u></b>			
<i>Choice #1 includes 6 hotel meals beginning with breakfast on Thursday.</i>			
<i>Choice #2 includes 5 hotel meals beginning with breakfast on Friday.</i>			
Choice #1	\$132		\$
Choice #2	\$122		\$
<b>Please select your entrée choice(s) for the Banquet:</b>			
Prime Rib of Beef		#	
Salmon		#	
<b><u>SEPARATELY PRICED MEALS (if not purchasing a package)</u></b>			
Friday: Rendezvous Dinner (chicken)	\$39		\$
<b>Saturday: Banquet (please select your entrée)</b>			
Prime Rib of Beef	\$46		\$
Salmon	\$46		\$
<b><u>TOURS</u></b>			
Wednesday: Lunch Cruise	\$65		\$
Thursday: US AF Museum & Dinner	\$75		\$
<i>Please choose one of the following two tours:</i>			
Friday: US AF Museum	\$45		\$
Friday: Museum Center / Newport on the Levee	\$46		\$
Saturday: City Tour	\$36		\$
<b>Total Amount Payable to <u>Armed Forces Reunions, Inc.</u></b>			<b>\$</b>

MEMBER NAME (for nametag) \_\_\_\_\_  VETERAN  NEXT GEN  OTHER

8AFHS MEMBER # \_\_\_\_\_ WWII GROUP (for seating purposes) \_\_\_\_\_  
 You must be a member of 8AFHS in order to register. If not a member, please pay your dues above.

SPOUSE/GUEST NAMES \_\_\_\_\_  NEXT GEN  OTHER

PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DISABILITY/DIETARY RESTRICTIONS \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_