

USS HANCOCK ASSOCIATION 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/USSHancock. All registration forms and payments must be received by mail on or before April 23, 2010. 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.
322 Madison Mews
Norfolk, VA 23510
ATTN: USS HANCOCK

OFFICE USE ONLY

Check # _____ Date Received _____
 Inputted _____ Nametag Completed _____

CUT-OFF DATE IS 04/23/2010

	Price Per Person	# of People	Total
<u>TOURS</u>			
FRIDAY: CITY TOUR	\$20		\$
FRIDAY: EVENING PARADE AT THE MARINE BARRACKS	\$34		\$
SATURDAY: MUSEUM SHUTTLE	\$38		\$
SUNDAY: ARLINGTON NATIONAL CEMETERY	\$39		\$
MONDAY: NATIONAL AIR AND SPACE MUSEUM	\$38		\$
<u>MEAL</u>			
MONDAY: BANQUET DINNER (Please select your entrée)			
Sliced Top Round of Beef	\$41		\$
Chicken Piccata	\$39		\$
Vegetarian Option	\$39		\$
<u>MANDATORY REGISTRATION FEE PER PERSON</u>			
<small>Includes hospitality expenses and administration expenses.</small>			
Registration fee per person if postmarked on or before 4/23/10	\$20		\$
Registration fee per person if postmarked after 04/23/10	\$30		\$
Registration fee per GUEST of member attending BANQUET ONLY	\$15		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

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

FIRST _____ LAST _____

FIRST TIME ATTENDEE? YES NO YEARS ABOARD: 19___ TO 19___ DIVISION/SQD _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

STREET ADDRESS _____

CITY, ST, ZIP _____

PH. NUMBER (_____) _____ - _____ EMAIL ADDRESS: _____

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?

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 the reunion.

REGISTER ONLINE AND PAY BY CREDIT CARD!

www.afr-reg.com/USSHancock