

106th INFANTRY 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/106inf2014 (3% convenience fee will be added to credit card charges). All registration forms and payments must be received by mail on or before July 31, 2014. 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: 106th Infantry

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

	Price Per	# of People	Total
CUT-OFF DATE IS 7/31/14			
<u>REGISTRATION PACKAGE</u>			
Includes Breakfast on Thursday, Friday, Saturday, & Sunday; Dinner on Thursday; Luncheon on Friday; Banquet on Saturday and various reunion expenses including entertainment. <i>Please note that the Association is covering cost of Thursday Breakfast</i>	\$ 230		\$
Please select entrée choices for each function and include number of people			
Thursday dinner Chicken Marsala			
OR			
Grilled Salmon			
Friday Luncheon (Combined Men and Ladies): (Minestrone Soup with ½ Turkey and Provolone Sandwich, Dessert and Beverage)			
Saturday Banquet: Sliced Top Round of Beef			
OR			
Chicken Piccata			
<u>TOURS</u>			
THURSDAY- 9/4 : NAVY BASE / NAUTICUS	\$ 58		\$
FRIDAY- 9/5 : ROCKAFELLER'S SEAFOOD RESTAURANT	\$ 60		\$
SATURDAY – 9/6 : MacARTHUR MEMORIAL / SPIRIT OF NORFOLK	\$ 82		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR NAMETAG

FIRST _____ LAST _____ EMAIL _____

UNIT _____ COMPANY OR BATTERY _____ 1st REUNION? (YES___) (NO___)

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/106inf2014