

## USMC COMBAT HELICOPTER ASSN 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/popasmoke](http://www.afr-reg.com/popasmoke). Credit card will be charged a \$6 online convenience fee. All registration forms and payments must be received on or before June 8, 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: POPASMOKE**

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

	Price Per	# of People	Total
<b><u>CUT-OFF DATE IS 06/08/10</u></b>			
<b><u>REGISTRATION PACKAGE</u></b>			
<b>MANDATORY FOR EVERY PERSON ATTENDING THE REUNION</b>			
Includes souvenirs and reunion expenses.			
	\$ 55		\$
<b><u>OPTIONAL TOURS</u></b>			
<i>Please only choose one tour each day:</i>			
THURSDAY: Carson City/Virginia City Tour	\$ 38		\$
THURSDAY: Lake Tahoe/Lunch Cruise	\$ 84		\$
FRIDAY: Lake Tahoe/Lunch Cruise	\$ 84		\$
FRIDAY: City Tour	\$ 32		\$
SATURDAY: City Tour	\$ 32		\$
FRIDAY: GOLF TOURNAMENT	\$ 55		\$
<b><u>MEALS</u></b>			
Thursday Welcome Buffet	\$ 46		\$
Saturday Banquet Dinner ( <i>Filet Mignon &amp; Breast of Chicken (Combo)</i> )	\$ 48		\$
**If not paid yet, include your \$35 Annual Association Dues**			\$
<b>Total Amount Payable to <u>Armed Forces Reunions, Inc.</u></b>			\$

PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON YOUR NAMETAG:

FIRST \_\_\_\_\_ LAST \_\_\_\_\_

IN COUNTRY SQUADRON: \_\_\_\_\_ YEARS IN COUNTRY 19\_\_\_\_ - 19\_\_\_\_

EMAIL \_\_\_\_\_ SPOUSE/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).

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

ARE YOU STAYING AT THE HOTEL? YES  NO  ARE YOU FLYING?  DRIVING?  RV?

**REUNION REGISTER ONLINE AT [www.afr-reg.com/popasmoke](http://www.afr-reg.com/popasmoke)**

**HOTEL RESERVATIONS:**

[https://reservations.grandsierraresort.com/cgi-bin/lansaweb?procfun+rn+resnet+GSR+funcparms+UP\(A2560\);;USMC1;?/](https://reservations.grandsierraresort.com/cgi-bin/lansaweb?procfun+rn+resnet+GSR+funcparms+UP(A2560);;USMC1;?/)

Or link from [www.afr-reg.com/popasmoke](http://www.afr-reg.com/popasmoke) or [www.popasmoke.com](http://www.popasmoke.com)