



MY Reunion Requirements

Your Name: _____
Spouse Name: _____
Home Phone: _____
Work Phone: _____ Cell _____
E-Mail Address: _____

The exhibitors who have made it possible for us to have this conference want to help you plan your reunion. Please complete this form to help them assist you. Completing this does **NOT** put you under any obligation. It is for information purposes only.

Your Unit/Group Name: _____

Please Circle: Branch of Service: Air Force Army Coast Guard Marines Navy Other: _____

Unit Active During: WWII Korea Vietnam Desert Storm/Shield Years from _____ to _____

Your Mail Address: _____

City: _____ State: _____ Zip: _____

When is your next **UNBOOKED** reunion year? _____ Circle regions you are thinking of:
Northeast Mid-Atlantic Southeast Midwest North Central Southwest West

Preferred Dates: _____ Alternate Dates: _____

Expected # of Attendees (including wives & guests): _____

Expected # rooms needed (peak night): _____ How many nights? _____

Where was your **LAST** reunion? _____ When? _____

How many attended? _____ What Tours did you take? _____

Do you need a hospitality Room? _____ Meeting Room? _____

Does Your Group require any special facilities? If so, explain: _____



_____ How Many Disabled Members Expected? _____