

## Reunion Registration Form

Please complete this form, print it, and send completed form and check payable to 15th Medical Battalion Association to: Ron Huether, 110 Cedar Hills Drive, Fredericksburg, TX 78624.

Note: You will receive a welcome letter at the hotel registration desk with pertinent information. You will receive your registration packet nametags/schedule at the Hospitality Suite in the hotel.

Name: \_\_\_\_\_

Guest Names (For name tags: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State (i.e. NY, TX): \_\_\_\_\_

Postal/ZIP Code (i.e. 78624): \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Telephone Number (i.e. 123-456-7890): \_\_\_\_\_

Rank in Nam (i.e. SP5, CPT, PFC): \_\_\_\_\_

Position/Job in Nam: \_\_\_\_\_

Unit(s) (i.e. A Co, C Co, Medevac): \_\_\_\_\_

Dates Served: \_\_\_\_\_

Which Hotel Are You Registered? \_\_\_\_\_

Mode of Travel to Reunion? \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Category	Amount	Total
<b>Association Members:</b> (Member, Spouse, and Significant Other):	_____ x \$15 each	\$
<b>Guests:</b>	_____ X \$10 each	\$
<b>Banquet Meals:</b>	_____ x \$35 each	\$
	<b>Total</b>	<b>\$</b>

Any damage or harm to either person or property caused by any Association Member or their guests while attending an Annual Reunion shall be the sole responsibility of that Association Member and/or their guests.