

REGISTRATION FORM



**27th Annual 11th ACVVC Reunion
Orlando, Florida
Wednesday, 12 September thru Sunday, 16 September 2012**



PLEASE MAKE YOUR OWN HOTEL RESERVATIONS AT
Rosen Centre Hotel
9840 International Drive
Orlando, Florida 32819
Reservations: 800-204-7234

Registration fee is \$90.00 per person. This fee is required for attendance at any of the scheduled events including the Thursday and Friday night Bunker Parties and the Saturday Banquet dinner.

Please register early. The registration fee will be an additional \$25.00 per person for registrations post marked after AUGUST 29, 2012

PLEASE PRINT ALL INFORMATION
(print clearly or use mailing label)

Name _____ Telephone No: _____

Address _____

City/State/Zip _____

E-Mail Address _____

Unit Assignment _____ Years in Country _____
(Example: B TRP, D CO) (Example: 1966-1967)

ATTENDEES

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Registration Fee \$ _____

Banquet Meal Selection (Choose one selection per attendee) Chicken _____ Beef _____ Veggie _____

Is this your first reunion? Yes No Wheelchair or special needs seating? Yes No

KIA Relative? Yes Name of KIA: _____

Relationship to KIA: _____ Unit: _____

Visa MasterCard Card No. _____ Exp. Date _____

Signature (Required for credit card) _____

Make checks payable to 11th ACVVC. Please mail Registration Form along with payment to:

**11th ACVVC
C/O OLLIE PICKRAL
571 DITCHLEY RD
KILMARNOCK, VA 22482**