

REGISTRATION FORM



**35th Annual 11th ACVVC Reunion
Indianapolis, Indiana**



August 26 - 30, 2020

JW Marriott

10 S. West Street Indianapolis, IN 46204

Reservations: 1-317-860-5800

Registration fee is **\$80** per person. This fee is required for attendance at the Wednesday, Thursday and Friday night Bunker Parties and Saturday evening banquet dinner.

All registrations must be received by Wednesday, August 5, 2020. Any registration received after this date will be returned. Registration refunds will be paid in full to our members if cancellation is received by the Treasurer no later than August 15, 2020.

PLEASE PRINT ALL INFORMATION

(print clearly or use mailing label)

Name _____ Telephone No: _____

Address _____

City/State/Zip _____

E-Mail Address _____

Unit Assignment _____ Dates in Country _____

(Example: B TRP, D CO - List only one unit. This is your banquet seating.)

(Example: 1966-1967)

KIA Relative? Yes, Name of KIA: _____

Relationship to KIA: _____ Unit: _____

ATTENDEES, INCLUDING YOURSELF (please print)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Registration Fee \$ _____

Banquet Meal Selection (Indicate number for each selection) Chicken____Beef____Veggie_____

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

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**