

COLORADO SPRINGS 2009 USAFHPA REUNION REGISTRATION FORM

PLEASE RETURN REGISTRATION FORM BY 31 JUL 09

Member's Name _____
Spouse/Guest Name _____
Address _____ Phone _____

Additional Guest _____
Additional Guest _____

2009 Reunion Registration Fee: **Member \$30** _____ **Spouse/Guest(s) \$20 (ea)** _____

WEDNESDAY, 16 SEP.

0630-0930: Embassy Suites Breakfast – COMPLIMENTARY
1730-1930: Embassy Suites Cocktails - COMPLIMENTARY

Registration near the Hospitality suite, which will be open Daily.

THURSDAY, 17 SEP.

0630-0930: Embassy Suites Breakfast - COMPLIMENTARY
1100-1630 Golf at USAF Academy **\$77 per person x _____ persons** _____
(**Please include your golf handicap _____ or average score _____**)
1730-2230: Flying 'W' Ranch Chuckwagon Supper and Western Show **\$45 per person x _____ persons** _____

FRIDAY, 18 SEP.

0630-0930 Embassy Suites Breakfast - COMPLIMENTARY
0800-1000 USAFHPA Business meeting at the hotel (no cost)
0900-1615 USAF Academy Tour & Lunch **\$ 40 per person x _____ persons** _____
1000-1600 Garden of the Gods tour and lunch **\$ 58 per person x _____ persons** _____
1730-2230 Royal Gorge Dinner Train **\$126 per person x _____ persons** _____
Please indicate entrée choice (all meal costs are the same and are included in the base price)
Salmon _____ Roasted Prime Rib _____ Glazed Rotisserie Chicken _____ Grilled Vegetable Napoleon _____

SATURDAY, 19 SEP.

0700-1030 Embassy Suites Breakfast - COMPLIMENTARY
1000-1500 Glen Eyrie tour **\$65 per person x _____ persons** _____
1730-1930 Embassy Suites Cocktails - COMPLIMENTARY
1800-2200: Awards Dinner @ Embassy Suites **Prime Rib @ \$45 per person x _____ persons** _____
Alaskan Salmon @ \$40 per person x _____ persons _____

Please advise if you have special dietary requirements

I have the following special diet requirements _____

I am interested in a Memory Book at approximately \$20 per copy. YES/NO

Included are my Annual USAFHPA Dues: **\$10 x _____ Years. = \$ _____**

GRAND TOTAL DUE \$ _____

NOTE: All costs include transportation, ALL gratuities (including bus driver), and event / meal costs

PLEASE INCLUDE YOUR CHECK AND MAIL THE REGISTRATION FORM BY 31 JUL 09

**USAFHPA
P.O. BOX 966
MEDICAL LAKE, WA 99022-0966**