

CHOSIN FEW REUNION ACTIVITY REGISTRATION FORM – November 1-5, 2023

Listed below are all registration, tour, and meal costs for the reunion. Please enter how many people will be participating in each event and total the amount. Send that amount payable to ARMED FORCES REUNIONS, INC. in the form of a check or money order. Your cancelled check will serve as your confirmation. Returned checks will be charged a \$20 fee. You may also register online and pay by credit card at www.events.afrr-reg.com/e/chosin2023 (3.5% will be added to credit card charges). All registration forms and payments must be received by mail on or before September 1, 2023. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of this form before mailing. Please do not staple or tape your payment to this form.

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: CHOSIN FEW

OFFICE USE ONLY			
Check # _____	Date Received _____		
Inputted _____	Nametag Completed _____		

	Price Per Person	# of People	Total
CUT-OFF DATE IS 9/1/23			
REGISTRATION & EVENT FEES			
Includes Meet & Greet Mixer, Hospitality Room, and other reunion expenses.	\$25	#	\$
TOURS			
Thursday, 11/2: National Museum of the Marine Corps	\$59	#	\$
Friday, 11/3: Marine Barracks, 8 th and I, Korean Memorial	\$59	#	\$
MEALS			
Wednesday, 11/1: Dinner in Hospitality Room, Host: John Wood, "29 Diner"	N/C	#	
Saturday 11/4: Luncheon Buffet & Symposium – Host to Be Determined	N/C	#	
Saturday, 11/4: Banquet (Please select your entrée for each guest):			
Marinated Chicken Breast	\$51	#	\$
Herb Marinated Steak	\$51	#	\$
Vegetarian Entrée – Chef's Choice	\$51	#	\$
VOLUNTARY DONATION			\$
Total Number of Attendees:		#	
Total Amount Payable to Armed Forces Reunions, Inc.			\$

PLEASE PRINT FOR NAME TAGS

Regular Member

FIRST _____ LAST _____

ARMY NAVY AF MARINES

UNIT AT CHOSIN: Company: _____ Bn: _____ Regt: _____ Other: _____

Legacy Members, Assoc. Members, Spouse and Guests (excluding yourself) as you want them on the nametags.

1. FIRST & LAST _____ Regular Member Legacy Member Associate Member

2. FIRST & LAST _____ Regular Member Legacy Member Associate Member

3. FIRST & LAST _____ Regular Member Legacy Member Associate Member

4. FIRST & LAST _____ Regular Member Legacy Member Associate Member

(For Additional guests, please provide their information on the back of the registration form)

PH. NUMBER (_____) _____ - _____ STREET ADDRESS _____

CITY, ST, ZIP _____ EMAIL ADDRESS _____

DISABILITY/DIETARY RESTRICTIONS: _____

Do You Require a Rented Wheelchair? YES NO (Sleeping room requirements must be conveyed by attendee directly with hotel)

MUST YOU BE LIFTED HYDRAULICALLY ONTO THE BUS WHILE SEATED IN YOUR WHEELCHAIR IN ORDER TO PARTICIPATE IN BUS TRIPS? YES NO (PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

EMERGENCY CONTACT _____ PH. NUMBER (_____) _____ - _____

For refunds and cancellations please refer to our policies outlined at the bottom of the reunion program. **CANCELLATIONS WILL ONLY BE TAKEN MONDAY-FRIDAY 9:00am-4:00pm EASTERN TIME (excluding holidays).** Call (757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refunds will be processed within two weeks of the cancellation request.