The Chosin Few Reunion Registration Form

Listed below are all the registration, tour, and meal costs for the reunion. Please enter a quantity for each event you and your guests wish to participate in. Then total your costs and send that amount payable to ARMED FORCES REUNIONS, INC. in the form of a check or money order. You may also register online and pay by credit card at https://www.events.afr-reg.com/e/ChosinFew26 online registrations have a convenience fee of 4%). Registration form and payment must be received on or before 9/1/26**.** After that date, reservations will be accepted on a space available basis. We suggest you make a copy of your complete form before mailing. Please do not staple or tape your payment to this form. (Returned checks will incur a $20 fee)

MAKE CHECKS PAYABLE TO:
Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: The Chosin Few

OFFICE USE ONLY Check #_____

Received_____ Inputted_____

Don't forget CUT-OFF date is 9/1/26	**Price**	**# of Ppl**	**Total**
MANDATORY REGISTRATION FEE			
Registration Fee (includes Hospitality Room and Other Reunion Expenses)	$25		$
VOLUNTARY DONATION:	---------		$
Total number in your party (including members, spouse, and guests)	---------		---------
TOURS			
Thursday, October 1: National Museum of the Pacific War/Fredericksburg	$74		$
Friday, October 2: Missions Tour	$46		$
MEALS			
Saturday, October 3: Luncheon Buffet & Symposium	$58		$
Saturday, October 3: Banquet *(Please select your entrée)*			
Fire Grilled Sirloin	$65		$
Chicken Picatta	$65		$
Salmon Filet	$65		
Vegetarian – Chef's Section	$65		$
Kids Meal (Chicken Fingers/Fries)	$23		$
Total Amount Payable to **Armed Forces Reunions, Inc.**	---------		$

REGULAR MEMBER (PLEASE PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON THE NAMETAG)

FIRST _____ _____LAST _____

BRANCH: ☐ ARMY ☐ NAVY ☐ AF ☐MARINES CHOSIN VETERAN: ☐ Y ☐ N UNIT AT CHOSIN: COMPANY _____

BN: _____ REGT. _____ OTHER: _____

LEGACY MEMBERS, ASSOC. MEMBERS, SPOUSE AND GUESTS (EXCLUDING YOURSELF) AS YOU WISH THEM TO APPEAR ON THE NAMETAG

1) FIRST & LAST _____ ☐REGULAR MEMBER ☐ LEGACY MEMBER ☐ ASSOC. MEMBER

2) FIRST & LAST _____ ☐REGULAR MEMBER ☐ LEGACY MEMBER ☐ ASSOC. MEMBER

3) FIRST & LAST _____ ☐REGULAR MEMBER ☐ LEGACY MEMBER ☐ ASSOC. MEMBER

4) FIRST & LAST _____ ☐REGULAR MEMBER ☐ LEGACY MEMBER ☐ ASSOC. MEMBER

***FOR ADDITIONAL GUESTS, PLEASE PROVIDE THEIR INFORMATION ON THE BACK OF THIS FORM**

EMAIL_____ CELL # _____

DO YOU CONSENT TO RECEIVING EMAILS AND TEXT MESSAGES ABOUT THIS EVENT ONLY? YES ☐ NO ☐

STREET ADDRESS_____

CITY, ST, ZIP_____

DISABILITY / DIETARY RESTRICTIONS_____

EMERGENCY CONTACT NAME_____ CELL #_____

DO YOU NEED TO BE HYDRAULICALLY LIFTED ONTO THE BUS IN ORDER TO PARTICIPATE IN TOURS? ☐ YES ☐ NO

(PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

(Special hotel room requirements must be conveyed by attendee directly to the hotel staff upon reservation)