

Registration Form

Listed below are all registration, event, and meal costs. Please enter the number of participants for each event and the total cost for that event. Send your check or money order for the total, payable to HMM-265 Reunion 2013, to the address below on or before 1 April 2013 to ensure availability of selected events and meals. Your canceled check will serve as your confirmation and receipt. Please make a copy of this completed registration before mailing. Make hotel reservations directly to the hotel at the phone number or web page shown below. The group rate is good for two nights before and after the reunion dates of May 19-23, subject to availability, so reserve early if you want extra nights.

HMM-265 National Reunion 2013
 14 Myrtle Ln
 Statesboro, GA 30458
 912-489-3921
 kjohnson@nctv.com

Embassy Suites Airport
 5055 International Blvd.
 North Charleston, SC 29418
 Reservations: 842-747-1882
 (Group Code HMM)

Reservations web page (copy and paste into browser if you get this online):

http://embassysuites.hilton.com/cn/es/groups/personalized/C/CHSEMES-HMM-20130517/index.jhtml?WT.mc_id=POG

Contracted room rate is \$129 plus
 13.5% state and local taxes = \$146.42

Price Per	# of Persons	\$ Total
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REGISTRATION PACKAGE

This is required for each person attending the reunion
 and covers costs for souvenirs and reunion expenses.

Member Registration Package	\$40		
Spouse/Guest Registration Package	\$40		
Children (under 18 years)	No fee		

SUNDAY:	Opening reception	1600-1900	\$10		
MONDAY:	Golf Tournament (GF, cart & round-trip transport)	0830-1330	\$62	_____	_____
	Tour of Historic Charleston	0900-1400	\$33	_____	_____
	Spirit of Carolina Dinner Cruise	1815-2230	\$90	_____	_____
TUESDAY:	Patriots Point tour, lunch in CPO mess on <i>Yorktown</i>	0900-1400	\$56	_____	_____
WEDNESDAY:	Magnolia Gardens Plantation Tour	0845-1245	\$46	_____	_____
	Banquet Dinner	1830-2100	\$64	_____	_____

TAX-DEDUCTIBLE CONTRIBUTION FOR FUNERAL FUND

Total due =

\$



Member: First _____ Last _____

E-mail _____

Street Address _____

City, State, ZIP _____

Disability/Dietary restrictions _____

[Continue on back of second page if necessary to provide additional or amplifying information]

Provide additional or amplifying information here and include with your completed registration.

MEMBER INFORMATION

NAME: _____

UNIT: _____

Names and years in squadron as you desire them printed on your name tags:

Member: _____

Guest #1: _____

Guest #2: _____

Wednesday banquet dinner menu choices. Please indicate number of each menu selection.

Chicken Wellington _____

Fresh Catch Oscar _____

Prime Rib _____

Prices quoted in the registration form include service charges and taxes.



AMERICAN LEGION
UNIT NO. _____