

83rd INFANTRY DIVISION ASSOCIATION – 74th REUNION

Activity Registration Form – November 10-14, 2021, Washington, D.C.

Below are all registration, activity 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 83rd INFANTRY DIV. ASSN. in the form of a check or money order (no credit cards or phone reservations accepted). Registrations received by **September 30, 2021** will receive a \$25 discount. All registration forms and payments must be received by mail on or before **October 8, 2021** after which reservations will depend on availability. Hotel rooms will be in demand – ask for \$99 discount rate! *Crowne Plaza Crystal City, Washington D.C 1480 Crystal Dr., Arlington, VA 22202., 1-800-2CROWNE (reference 83rd Infantry Division Association Reunion to obtain conference rate) or use our convenient link at www.83rdAssociation.com. Reduced hotel parking \$10 daily!*

We suggest you copy this form before mailing to: PO BOX 406, Alton Bay, NH 03810-0406
Questions? email Judy Breen at walkgirl250@yahoo.com or call 603-569-3263

Registration Package:			
REGISTRATION FEE: includes Meet and Greet reception, Hospitality Room and Saturday Night Banquet	\$150.00 per person	#	\$
Registration Received After September 30	\$175.00 per person		
	\$100.00, per child (3-12)	#	\$
	No Fee, WW 2 Veteran	#	\$ -
Please select your entrée for Saturday Banquet:	<i>Beef</i>	#	
	<i>Chicken</i>	#	
Please specify special needs:	<i>Vegetarian/Gluten Free</i>	#	
	<i>Child's Meal (ages 3-12)</i>	#	
THURSDAY: Full day visit to National Museum of U.S. Army including box lunch (choices to be offered at registration) and bus transportation	\$85.00 per person	#	
	No fee, WW 2 Veteran	#	
FRIDAY: Memorial Service, National World War 2 Memorial and guided bus tour of Washington D.C. followed by full restaurant lunch (menu choices to be offered at registration)	\$85.00 per person	#	\$
	No fee WW 2 veteran	#	
	TOTAL		\$

PLEASE PRINT

Name (for name tag) _____ (Veteran____) (Descendant ____)(Active Duty __)
 (Associate ____)

Veteran's name (if descendant) _____

Unit (example: B Co; 329th Inf.) _____ Phone # _____ Email _____

Address _____ State _____ Zip _____

Spouse Name (for tag) _____ Guest Names (for tags) _____

Accessibility: Are you confined to a wheelchair? _____ Do you use a walker/wheelchair to assist w/mobility? _____

We will have a limited number of travel wheelchairs available. I would like to request the use of a travel wheelchair _____

Emergency Contact _____ Relationship _____ Emergency Phone # _____

Arrival Date _____ Departure Date _____ Are You Staying At The Reunion Hotel? Yes ___ No ___

If Flying, Airline _____ Flight # _____ Airport _____ Arrival Date _____ Arrival Time _____