

Reunion Registration Form

Please complete this form, print it, and send completed form and check payable to 15th Medical Battalion Association to: Ron Huether, 110 Cedar Hills Drive, Fredericksburg, TX 78624.

Note: You will receive a welcome letter at the hotel registration desk with pertinent information. You will receive your registration packet nametags/schedule at the Hospitality Suite in the hotel.

Name: _____

Guest Names (For name tags: _____

Street Address: _____

City: _____

State (i.e. NY, TX): _____

Postal/ZIP Code (i.e. 78624): _____

Your E-mail: _____

Telephone Number (i.e. 123-456-7890): _____

Rank in Nam (i.e. SP5, CPT, PFC): _____

Position/Job in Nam: _____

Unit(s) (i.e. A Co, C Co, Medevac): _____

Dates Served: _____

Which Hotel Are You Registered? _____

Mode of Travel to Reunion? _____

Arrival Date: _____

Departure Date: _____

Category	Amount	Total
Association Members: (Member, Spouse, and Significant Other):	_____ x \$15 each	\$
Guests:	_____ X \$10 each	\$
Banquet Meals:	_____ x \$35 each	\$
	Total	\$