

Registration Form
Khe Sanh Veterans Annual Reunion August 16 – 23 2015 Savannah, Georgia
MARRIOTT SAVANNAH RIVERFRONT HOTEL, 100 GENERAL MCINTOSH BLVD, SAVANNAH, GA 31401
CALL # 912-233-7722 MENTION CODE WORD (KSV)
ROOM RATE \$ 105.00 PER NIGHT, GOOD 3 DAYS BEFORE AND AFTER REUNION DATES

Planned Events	Cost per Person	Amount	Total
MONDAY, AUGUST 17, and TUESDAY, AUGUST 18, 2015 NO PLANNED ACTIVITIES FREE DAYS TO SIGHTSEE And ENJOY SAVANNAH			
WEDNESDAY AUGUST 19, 2015 Registration Opens: PX Opens: Hospitality Room Opens:	10:00 am to 5:00 pm		
Reunion Registration: Fee covers all costs, including Snacks, Liquid refreshments, paper goods, Office supplies etc.	\$50.00 Per Person		
THURSDAY AUGUST 20, 2015 Trip to Parris Island, SC Buses Board 9:30 AM. Visit Base 11:00AM - 4:00PM, (Lunch Available in Mess Hall For a \$ Fee) Museum, PX Etc	\$10.00 Per Person <u>Lunch Not Included</u>		
FRIDAY AUGUST 21, 2015 River Boat Cruise (2) Hours Dinner & Entertainment Dancing & Music Included. Boarding at 7:00 pm Returns at 9:00 pm	\$55.00 Per Person		
SATURDAY AUGUST 22, 2015 <u>Memorial Service: 09:00 to 10:00</u> <u>Membership Meeting: 11:00am to 12:00</u> <u>Ladies Luncheon: 10:00 to 12:00</u> ANNUAL KSV BANQUET: <u>Cocktail Hour: 6:00 pm</u> <u>Dinner: 7:00 pm</u>	Ladies Luncheon \$10.00 Per Person		
	\$50.00 Per Person Banquet		
SUNDAY AUGUST 23, 2015 Time To Say, Good Bye Until Next Year. Have A Safe Trip Back Home	Total Amount Due: Make Check or Money Order Payable to Khe Sanh Veterans Inc.		
Office Use Only: Check # _____ Date Received: _____ Name Tag Completed _____	Send Completed Form With Check, Money Order Or Credit Card Info To: <u>Khe Sanh Veterans Inc.</u> <u>Russell Turner</u> <u>3168 Meadowfield Dr.</u> <u>Arnold, MO 63010</u>		
Credit Card Info			
Name on Card:	VISA	MASTER CARD	DISCOVER
	OTHER	Note: Our Bank Does Not Accept AM/XPRESS	
Card Number:	Expiration Date:	3 Digit Code on Back of Card:	
Credit Card Billing Address:			
City:	State:	Zip Code:	

NAME TAG INFORMATION PLEASE PRINT

Full Name:

Unit Served With:

Spouse or Companions Name:

Name of Guest (1)

Name of Guest (2)

Name of Guest (3)

Name of Guest (4)

Name of Guest (5)

Name of Guest (6)

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Emergency Contact:

Name:

Address:

Phone #:

Email:

Special

Needs:

Your Email:

Arrival Date:

Departure date:

Are You Staying At Hotel: Circle One: YES: NO:

Comments: