

50TH REUNION REGISTRATION FORM

First Name _____

Last Name _____

Name Tag to Read _____
(first and last name)

Street Address _____

City _____ State _____ Zip _____

Country _____

Telephone _____ Fax _____

Email (print clearly) _____

USNA Company _____

What Hotel Are You Using? _____

Spouse or Guest Name _____

Name Tag #2 to Read _____
(first and last name)

Additional Guests (first and last names):

Name Tag #3 to Read _____

Name Tag #4 to Read _____

Reunion packages: number attending _____ @ \$275/person

Total \$ _____

Special Considerations:

Vegetarian Meal for Friday Dinner Dance, number _____

Wheel Chair Access Required _____

Other: _____

Payment Options (please select one):

Credit Card Mastercard ___ Visa ___ Discover ___ Amex ___

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____

City _____ State _____ Zip _____

Country _____

Personal Check _____