

AWON Annapolis Conference Registration 2010 November 12 – 14, 2010

Member:		Guest(s):	
Address:	City	7 :	(Please indicate relationship to Member) State:Zip:
Home Phone:	Cell Phone: _	Ema	ail:
Name of Father:		Name of Mother Attending	g:
Name of Grandchild(ren) A	ttending:		
Name of Veteran(s) / Attende	ling:		
Is this your first AWON Co	nference? Yes _	No	
Registration Fees (includes ba	=		
Active Member	\$160.00	\$80 deposit	\$
Inactive Members First Guest	\$185.00 \$125.00	\$80 deposit \$75 deposit	\$
Additional Guest	\$125.00 \$115.00	\$75 deposit	\$ \$ (with banquet)
Additional Guests	\$60.00	\$25 deposit	\$ (with banquet) \$ (without banquet)
TOTAL REGISTRAT		ENCLOSED Total Payment Due by Octobe	\$ (Must be received by Sept. 25.)
		Total Fayment Due by Octob	El 13.
Please inc		nber of Banquet entreés: Stea Baby Back Ribs Vegetar	med Crabs Fried Chicken ian
	Send registration for	rm with check or money orde	r <u>payable to AWON</u> and send to:
		Millie McConnell Cava	
		1830 Southeast Dri	
***********	*********	Point Pleasant, NJ 08	6/4 <i>2</i> :**********************************
	NAME T	AG INFORMATION: PLEAS is form along with Conference	SE PRINT CLEARLY
Member's Full Name			State of Residence
Spouse Attending		Member's Moth	ner Attending
Names of other guests attending	ng (Designate if Veteran):		
Children			
Grandchildren			
Other Guests			
Serviceman's full, formal nam	e		
Rank Fin	rst	Middle	Last
Branch/Service	Date Killed/Missin	g Country K	IIA/MIA