



AWON 2016 CONFERENCE REGISTRATION

On the *Freedom of the Seas*

Florida Cruise • October 30 - November 4, 2016
Freedom of the Seas departs Port Canaveral, Florida at 4 p.m., October 30, 2016
 and returns 6 a.m., November 4, 2016

Please return registration by August 1, 2016

Member Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Is this your first AWON Conference? (circle one) yes no

Do you want registration information listed in the conference roster? yes no

Do you have special needs? (If so, please indicate below) yes no

Registration Fee

(Please select fee, t-shirt style and size, included with fee.
 Note: women's sizes only up to 3XL.)

- | | | | | |
|---------------|--------------------------|------|-----------------------|--------------------------------|
| Active Member | <input type="checkbox"/> | \$75 | T-shirt Style: M or W | Size: S M L XL 2XL 3XL 4XL 5XL |
| First Guest | <input type="checkbox"/> | \$50 | T-shirt Style: M or W | Size: S M L XL 2XL 3XL 4XL 5XL |
| Second Guest | <input type="checkbox"/> | \$50 | T-shirt Style: M or W | Size: S M L XL 2XL 3XL 4XL 5XL |
| Third Guest | <input type="checkbox"/> | \$50 | T-shirt Style: M or W | Size: S M L XL 2XL 3XL 4XL 5XL |
| Fourth Guest | <input type="checkbox"/> | \$50 | T-shirt Style: M or W | Size: S M L XL 2XL 3XL 4XL 5XL |

Total registration fee enclosed: \$ _____

Name Tag Information (please print clearly)

Name (include maiden name) and state of residence: _____

Relationship to serviceman (son, daughter, nephew, etc.) _____

Name of spouse/partner attending: _____

Other guests attending (designate if veteran): _____

Serviceman's name: _____ Branch of Service _____

rank first middle last

KIA or MIA (circle one) Date KIA/MIA _____ Place KIA/MIA _____

Mail registration form with check or money order payable to **AWON** to:

2016 AWON National Conference
5745 Lee Road
Indianapolis, IN 46216