Honoring Their Legacy – Honoring Our Legacy

Registration Form
2018 AWON Gala Gathering
Honoring Their Legacy - Honoring Our Legacy
Washington, D.C. • Arlington, VA
September 28-29, 2018
Return registration and fee by July 1, 2018

Print clearly

Member Name: _____

Address: _____

City/State/Zip: _____

Phone/Email: _____

Is this your first AWON Conference?	yes	no
Do you want registration information listed in the conference roster?	yes	no
Do you have special needs? (If yes, please indicate below)	yes	no

Special Needs: _____

Registration Fee
(includes Fri reception, Sat banquet and bus transportation)

Member	$190	$ _____
Guest	$190	$ _____
Total registration fee enclosed:		$ _____

Indicate choice and number of banquet entrees: Chicken _____ Salmon _____ Vegetarian _____

Name Tag Information (please print clearly)

Name (include maiden name) and state of residence: _____
Name of guest: _____
Serviceman's name: _____ Branch of Service _____
rank first middle last
KIA or MIA (circle one) Date KIA/MIA _____ Country KIA/MIA _____

Mail registration form with check payable to ***AWON*** to:

AWON 2018 Gala Gathering
5745 Lee Road
Indianapolis, IN 46216