

Registration Form
Celebrating 20 Years • 2012 AWON National Conference
Indianapolis, Indiana • October 19-21, 2012

Member Name: _____
Address: _____ City/State/Zip: _____
Phone: _____ Email: _____
Father's Name _____
Guests: (name and relationship to member and if a veteran): _____

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

☐ I do NOT want registration information listed in the conference roster. (check box if desired)

Do you have special needs? (If so, please indicate on next space) yes no

Are you driving to the conference? yes no

Would you be willing to shuttle others to events? yes no

Please indicate choice and number of banquet entrees: beef _____ chicken _____
fish _____ vegetarian _____

Registration Fee

(includes banquet)

Note: Conference registration fee is reduced in celebration of AWON's 20th Anniversary

Active Member	\$125 / \$75 deposit	\$ _____
Inactive Member	\$150 / \$75 deposit	\$ _____
First Guest	\$75 / \$50 deposit	\$ _____
Add'l Guests w/banq.	\$65 / \$50 deposit	\$ _____
Add'l Guests no banq.	\$30 / \$15 deposit	\$ _____

Total registration fee/deposit enclosed: \$ _____

Name Tag Information (please print clearly)

Name (include maiden name) and State of Residence: _____

Name of Spouse attending: _____

Name of Mother 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 _____ Country KIA/MIA _____

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

2012 AWON National Conference
5745 Lee Road
Indianapolis, IN 46216