

189th AHC REUNION APPLICATION
Hilton Washington Dulles Airport
October 3-7, 2018

Name: Last _____ First Name: _____
 Name on Name Tag: _____
 Name Last: _____ First Name: _____
 Name on Name Tag _____
 Address: _____ City: _____ State: _____ Zip: _____
 Your Cell: _____ Wife's Cell: _____
 Members E-mail: _____ @ _____
 Wife's Email: _____ @ _____
 189th AHC: Dates in unit: _____ To: _____ Platoon: _____ Section: _____
 604th TC Det: Dates in unit: _____ To: _____ Section: _____
 189th Call Sign: _____
 604th Call Sign: _____
 Other Units Assigned: _____

REGISTRATION FEE: \$45.00 + \$15.00 for each additional person that attends with you.
 (Husband and wife/friend=\$60.00) TOTAL: \$ _____
 (Registration fee includes: Welcome packet, nametags, hospitality room with drinks and cold and hot snacks .) All attendees are required to pay.

Thursday 4 October 2018

Tour Arlington National Cemetery, Tomb of The Unknown Soldier, Changing of the Guards and The Vietnam Memorial Wall and other Memorials
 Transportation Cost \$25.00 per person X _____ = \$ _____ TOTAL: \$ _____
 Lunch on your own at the Wharf on the River

Friday 5 October 2018

Tour the Museum of The Bible: Cost \$12.00 per person X _____ = \$ _____ TOTAL: \$ _____
 There is a live performing theater on the top floor
 Transportation Cost \$25.00 per person X _____ = \$ _____ TOTAL: \$ _____
 Lunch on your own at the Museum of The Bible)
 We are working on an additional surprise tour)

Saturday 6 October 2018: The Udvar-Hazy Center: The National Air and Space Museum
 Admission is free: There is a charge for the Airbus IMAX Theater and you will pay at the theater if you want to attend. (Lunch on your own:)

Transportation Cost \$25 per person X _____ = \$ _____ TOTAL: \$ _____


Saturday Night Dinner Banquet Buffet: \$45 per person _____ = \$ _____ TOTAL: \$ _____

Roast Pork loin with apple copote: Tossed Salad
 Baked Salmon Seasonal Vegetables
 Beef Tips tossed with Fettuccine Red roasted potatoes
 (The menu above is subject to change a little)

TOTAL AMOUNT ENCLOSED \$ _____

Make check payable to 189th AHC: Mail to Gerry Sandlin – 189th AHC PO Box 638 Vinemont, AL 35179

Date Received: _____ Check Number: _____

 Do you have any special Dietary or ADA (Handicapped) Do you have food allergies? Need of a wheelchair ADA bath room etc.? Needs? _____

If you are a vegetarian please indicate above: Vegetarian cost will be the same as the dinner.

HOTEL RESERVATION CONFIRMATION NUMBER _____

ARRIVAL DATE: _____ **Air Line:** _____ **TIME:** _____ **Flight #** _____

DEPARTURE DATE: _____ **Air Line:** _____ **TIME:** _____ **Flight #** _____

Arriving by POV: Date _____ Date of Departure: _____

If you are flying in to Dulles the arrival and departure information will insure that the hotel has shuttle services available for you upon your arrival or departure. **If you fail to provide your flight information a shuttle may not be available:**

EMERGENCY CONTACT: Name _____ **Not the person with you!**

Relationship _____ **Phone Number:** ____ - ____ - ____ **Cell Number:** ____ - ____ - ____

An EMERGENCY CONTACT IS REQUIRED IN CASE OF AN EMERGENCY. It cannot be the person attending the reunion with you. No application will be accepted without an emergency contact.

Please Note:

We are asking you to provide an emergency contact. We never know when an emergency may arise, therefore to better serve you and your family we ask you to cooperate with us. We also recommend that you bring a list of medicines. If you wear eyeglasses you might consider bringing a copy of your prescription. We will not ask for a list of your medicine or a copy of your prescription, but it is better to be prepared in the event you lose your medicines or glasses. (Do not put your list or prescriptions in your checked baggage.)

NOTE: IF YOU HAVE SPECIAL DIETARY OR ADA NEEDS AND DO NOT INDICATE THEM ABOVE, THE 189TH AHC OR ITS PLANNERS WILL NOT BE RESPONSIBLE.

If you are on a special diet or have a handicap that would require handicap accommodations we ask that you provide that information also that we might prepare for you. These areas must also be addressed on your application early. Make sure you notify the hotel when making your reservations. ADA rooms go fast.

If you plan to bring a guest we must have their name(s) also.

If you live in the Washington or Dulles area and you and members of your family plan to attend any part of the reunion, but do not plan to stay at the hotel you are required to provide the 189th AHC Reunion with an application and pay a registration fee. The form must be filled out to include emergency contact information. If you plan to have dinner or attend any of the events payment must also be included.

Please Note: All Money and reunion application must be received PRIOR TO 3 September 2018.

Cancellation Policy: If you provide the 189th AHC Reunion with an application and pay the applicable fees **before 3 September 2018** you will be reimbursed all fees. September 3 thru September 21, 2018 all fees except registration and transportation fees will be reimbursed. After October 1, 2018 reimbursements will be made on a case-by-case base.

We must pay the hotel for the dinner, hospitality room, the bus company and other venues early on to hold this reunion. In most cases we have already paid out to these venues 30 days or more before the reunion. After we give a final count of expected attendees to the venues we cannot get your money back. We regret this, but we have no control over this.

Mail TO: Gerry Sandlin – 189th AHC PO Box 638 Vinemont, AL 35179 before September 3, 2018. Make check to 189th AHC For more information call: 256-531-7830 most any place in the world. E-mail gerry.sandlin@gmail.com