  

***THIS FORM IS FOR MAIL-IN REGISTRATION ONLY***

***The only method of payment is by check or money order.  Please print and complete this form, mailing the 2ND page along with a check or money order payable to:***

***"Unified Arizona Veterans" at the following address.***

**Unified Arizona Veterans**
Attn: Treasurer

P. O. Box 34338
Phoenix, AZ 85067

Be sure to include "**AVHOF**" in the “**For**” section of the check.

**DATE AND LOCATION**
Friday, October 26th, 2018
Talking Stick Resort – Scottsdale

9800 E Talking Stick Way (*Indian Bend Exit*), Scottsdale, AZ 85250

**PROGRAM**
Social Time 10:30 am – 11:20 am

Ballroom doors open at 11:00 am

Opening ceremony and remarks 11:30 am – 11:50 pm
Lunch 11:50 pm – 12:50 pm

Break 12:50 pm – 1:00 pm
Induction ceremony 1:00 pm – 2:30 pm

**MENU (pending)**

Chicken Breast

Salad, Potatoes, Green Beans, New York Cheesecake

 Special dietary needs accommodated by ***prior arrangements*** only – see registration form

 **REGISTRATION and PAYMENT**
Registration received on or before September 30th is **$55** / attendee;

***Registration received on or after October 1st*** *until registration closes at 4:30 pm on Oct 12th is* **$65**
Registration, medical dietary needs, accessibility needs, and payment instructions are on the next page.
***NO PAYMENTS, NOR WALK-INS, WILL BE ACCEPTED AT THE EVENT***

**DRESS - Business** (Honorees and all guests)

Gentlemen: *Coat and Tie*
Ladies: *Dress or Suit*

**GUEST REGISTRATION FORM – ARIZONA VETERANS HALL OF FAME INDUCTION CEREMONY**

**CONTACT INFORMATION ON INDIVIDUAL PROVIDING INFORMATION FOR THIS FORM**

 **(*all blocks above dotted line are mandatory*)**

**TITLE OR RANK: \_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER & STREET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_**

**TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEATING PREFERENCE (Inductee or Organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**If you do not fill a table of 10, other guests will be assigned to sit with you.**

**1st Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3rd Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4th Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5th Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6th Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7th Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8th Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9th Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10th Attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EARLY BIRD COST FOR MEALS - $55 RECEIVED AFTER SEPTEMBER 30TH - $65**

***Check or money order made out to "Unified Arizona Veterans" and mailed to:***

**Unified Arizona Veterans**
Attn: Treasurer

P. O. Box 34338
Phoenix, AZ 85067

Be sure to include "**AVHOF**" in the "**For**" section of the check.

**R.S.V.P. must be received by** **4:30 pm, Friday,** **12 October 2018**

**QUESTIONS?**
Anyone incurring difficulty registering for this event can call the point of contacts listed below.

**POC:** Sue Wudy (registration, meals, accessibility accommodations) 602-277-4168 lilsarge@mindspring.com
**POC:** Carol Culbertson (for all other inquiries) 602-799-9480 secretary@azuav.org