  

***THIS FORM IS FOR 2018 HONOREE MAIL-IN REGISTRATION USE ONLY***

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

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

**CLASS OF 2018 HONOREE (INDUCTEE) ONLY TRAINING** 8:00 am – 9:00 am
Registration and Mandatory training class for all Honorees prior to the reception

**PRIVATE VIP RECEPTION FOR INDUCTEE** (& one guest) 9:00 am – 10:30 am
Welcoming remarks by Governor or representative, UAV Chair, & AVHOFS President

Pinning Ceremony & Reception with VIPs, AVHOFS & UAV Committee members

**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**
Payment by check or money order is the only option with this form.
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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***THIS FORM IS FOR SEATING AT THE CLASS OF 2018 INDUCTEE’s (the Honoree) PERSONAL TABLE ONLY***

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***If you do not fill a table of 10, other guests will be assigned to sit with you.* Honoree Table #1**

**(*2018 Honoree & 1 Guest meals are complimentary*)**

**Honoree (*no charge*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest (*no charge*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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

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

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***This form is for the use of the Honoree to purchase meals for guests not sitting at the Honoree’s personal table.***

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***(ADDITIONAL TABLES FORM)***

**CLASS OF 2018 HONOREE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HONOREE TABLE #\_\_\_\_\_\_\_**

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

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