

Society of the 5th Division Reunion Registration Form

Listed below are all the registration, tour, and meal costs for the reunion. Please enter a quantity for each event you and your guests wish to participate in. Then total your costs and send that amount payable to ARMED FORCES REUNIONS, INC. in the form of a check or money order. You may also register online and pay by credit card at <https://www.events.afr-reg.com/e/5ID2025> (online registrations have a convenience fee of 4%). Registration form and payment must be received on or before 8/15/25. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of your completed form before mailing. Please do not staple or tape your payment to this form. (Returned checks will incur a \$20 fee)

MAKE CHECKS PAYABLE TO:

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510

ATTN: Society of the 5th Division

| |
|--------------------------------------|
| OFFICE USE ONLY Check # _____ |
| Received _____ Inputted _____ |

Don't forget CUT-OFF date is 8/15/25

| | Price | # of Ppl | Total |
|--|---------|----------|-------|
| MANDATORY REGISTRATION FEE | | | |
| Registration Fee – Adult Members, Spouses and Guests | \$20.00 | | \$ |
| Total number in your party (including member, spouse, and guests) | ----- | | ----- |
| TOURS | | | |
| Friday, September 19: Truman Presidential Library/Museum | \$71 | | \$ |
| Saturday, September 20: Steamboat Arabia Museum | \$78 | | \$ |
| MEALS | | | |
| Saturday, September 20: Banquet (<i>Please select your entrée</i>) | ----- | | ----- |
| Marinated Grilled Chicken | \$50 | | \$ |
| Herb Marinated Flank Steak | \$50 | | \$ |
| Grilled Fresh Catch | \$50 | | \$ |
| Penne Primavera | \$50 | | \$ |
| Sunday, September 21: Banquet (<i>Please select your entrée</i>) | ----- | | ----- |
| Chicken Picatta | \$50 | | \$ |
| Herb Marinated Flank Steak | \$50 | | \$ |
| Grilled Fresh Catch | \$50 | | \$ |
| Mushroom Ravioli | \$50 | | \$ |
| DONATIONS | | | |
| Reunion Donations for Hospitality Room Expenses | \$ | | \$ |
| Total Amount Payable to Armed Forces Reunions, Inc. | ----- | | \$ |

PLEASE PRINT YOUR NAME AND SPOUSE/GUEST NAMES AS YOU WISH THEM TO APPEAR ON THE NAMETAG:

FIRST _____ LAST _____

UNIT INFORMATION (EX. D CO/1ST BN/11TH INFANTRY^T): _____

YEARS SERVED WITH 5ID: _____ - _____ (EX. 1965 – 1966)

WHERE: WWI WWII FT. CARSON VIENTAM FT. POLK OTHER: _____

CURRENT AND PAST SOCIETY OFFICE HELD (EX. NATIONAL FIRST VICE PRESIDENT): _____

SPOUSE / GUEST NAME(S) _____

EMAIL _____ PH. # _____

STREET ADDRESS _____

CITY, ST, ZIP _____

DISABILITY / DIETARY RESTRICTIONS _____

EMERGENCY CONTACT NAME _____ PH. # _____

DO YOU NEED TO BE HYDRAULICALLY LIFTED ONTO THE BUS IN ORDER TO PARTICIPATE IN TOURS? YES NO

(PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

(Special hotel room requirements must be conveyed by attendee directly to the hotel staff upon reservation)

REGISTER ONLINE AT: <https://www.events.afr-reg.com/e/5ID2025>