

**AMERICAN ASSOCIATION OF
NAVY HOSPITAL CORPSMEN**

2011 Reunion Registration Form

This form can also be completed on our website www.AAoNHC.org

Dates: September 21 – 25, 2011 Where: Camp Lejeune, N.C.

Name: _____

Please send in a picture of yourself while you were in the service. Please do not send in original photo.

Drivers license number & state: _____

Name for name tag: _____

Spouse/Guest Name: _____

Drivers license number & state: _____

Address: _____

Military Ret: No Yes Last rank held if you want on Name tag: _____

Email Address: _____

Telephone number: _____ **Cell phone number:** _____

Where are you staying? If not Baymont Inn _____

How are you getting to Camp Lejeune? Flying Driving _____

**Registration Fees: \$35.00 per couple \$25.00 individual (by 8/1/2011)
\$55.00 per couple \$35.00 individual (after 8/2/2011)**

Please make checks payable to: AAONHC

Mail registration form & check to: **Paul Denis
8185 Chianti Circle
Clay, NY 13041**