

Registration Form

KWVA 2021 Annual Membership Meeting October 25 – 28, 2021

Holiday Inn Orlando International Airport

Print this registration form, fill in and mail it with your check or Money Order made payable to KWVA Inc. to:
 The Korean War Veterans Assn., Inc. - P.O. Box 407 - Charleston, IL 61920-0407
 Questions? Call Sheila at the KWVA Membership Office: 217-345-4414

Note: Mail-in registration is due by October 12, 2021. Walk-in Registrations will be accepted during the convention, but we cannot guarantee availability at Events or the Banquet if capacity is reached.

Date	Activity	Cost/person	# people	Total
Mon 25 Oct	Arrival ~ Registration opens at NOON Note: All Attendees (Members, Spouses and Guests) must pay appropriate Registration Fee Registration/Information Desk ~ 12:00 pm until 6:00 pm Hospitality Room ~ 5:00 pm until 9:00 pm	Full Week: \$15/ea ONE DAY: \$10/ea	x x	= \$ = \$
Tue 26 Oct	Board of Directors Meeting ~ 8:00 am until 12:00 pm Registration/Information Desk ~ 8:00 am until 5:00 pm Hospitality Room ~ 1:00 pm until 9:00 pm			
Tue 26 Oct	Tour Museum of Military History ~ 2:00 pm until 4:00 pm (Bus Leaves 1:00 pm, returns approx. 5:00 pm)	Tour Cost and Bus Fare: \$10/ea	How Many? X	= \$
Tue 26 Oct	Welcome Reception at Hotel ~ 6:30 pm until 8:00 pm			
Wed 27 Oct	Annual Membership Meeting ~ 9:00 am until 1:00 pm Registration/Information Desk ~ 8:00 am until 5:00 pm Hospitality Room ~ 1:00 pm until 9:00 pm			
Wed 27 Oct	FREE TIME ~ 1:00 pm until 9:00 pm			
Thr 28 Oct	FREE TIME ~ 8:00 am until 5:00 pm Registration/Information Desk ~ 3:00 pm until 5:00 pm Hospitality Room ~ 1:00 pm until 5:00 pm			
Thr 28 Oct	KWVA Reception ~ 6: pm until 7:00 pm ~ Ballroom Lobby			
Thr 28 Oct	KWVA Banquet ~ 7:00 pm until 9:30 pm ~ Hotel Ballroom NOTE: Meal Price is for each Member and Guest:	Chicken: (\$45/ea) Beef: (\$45/ea)	x x	= \$ = \$
Fri 29 Oct	Return Home (Travel Day)		x	

Total \$ _____

Please print your name as you want it on your badge.

FIRST _____ LAST _____ NICKNAME _____

KWVA MEMBER # _____ CHAPTER # _____

SPOUSE/GUEST NAME(S) _____

STREET ADDRESS _____

CITY, ST, ZIP _____

PH. # _____ EMAIL _____

Disability/Dietary Restrictions: _____
 (Rev 0 – 6/23/2021)

There will be a \$25 charge for returned checks.
 (Note: Hotel reservations or cancellations are to be made direct with the hotel.)

Registered members will receive a KWVA Commemorative Lapel Pin
All Members attending the Annual Membership Meeting and Banquet will receive a Commemorative Florida Challenge Coin

