

# **TAN SON NHUT ASSOCIATION 2019 REUNION REGISTRATION**

**LITTLE ROCK, AR  
Sep 12-15, 2019**

NAME \_\_\_\_\_ GUEST NAME(S) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEL ( \_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

SPECIAL NEEDS (if applicable) \_\_\_\_\_

Choose only the item(s) from the following that apply:

**Full Registration** (includes Banquet & daily access to Hospitality Suite, per person) .....\$75.00

Number of people \_\_\_\_\_ x \$75.00 = \$ \_\_\_\_\_

**Banquet Only** (per person) .....\$37.50

Number of people \_\_\_\_\_ x \$37.50 = \$ \_\_\_\_\_

**Access to Hospitality suite** (per person, per day) .....\$17.50

Number of people \_\_\_\_\_ x Number of days \_\_\_\_\_ x \$17.50 = \$ \_\_\_\_\_

**Pre-Order Reunion DVD** (each) ..... \$15.00

Number of copies ordered \_\_\_\_\_ x \$15.00 = \$ \_\_\_\_\_

**TOTAL REMITTANCE: \$ \_\_\_\_\_**

**Mail this form with payment (check only) to:**

TAN SON NHUT ASSOCIATION  
P.O. BOX 236  
PENRYN, PA 17564-0236

**THIS REGISTRATION FORM WITH PAYMENT MUST BE RECEIVED  
NLT AUGUST 30, 2019**

Questions regarding Reunion Registration should be directed to:

Larry Fry  
Director of Membership  
Email: [lfry2@dejazzd.com](mailto:lfry2@dejazzd.com)