

The 2017 Khe Sanh Veterans Reunion will be held at the Cleveland Marriott East, 26300 Harvard Rd, Warrensville Heights, Oh- 44122-6146 Ph: 216-378-9191, From August 27th 2017 to 03 September 2017. Rates are 109.00 a day, rates same 3 Days before & 3 Days after. Hotel is located in a giant mall with numerous restaurants and shops only a 5 minute walking distance. No Fee for parking. No Pets. CUT OFF DATE IS 18 AUG 2017. Any problems call Russ Turner @ 636-282-2263 or TOM EICHLE at@ 773-625-2101

REUNION REGISTRATION & EVENTS	Per Person	Number Attending	Total
ADMINISTRATION FEES	\$ 50.00		
SUN: 27 AUG FREE DAY, ENJOY CLEVELAND			
MON: 28 AUG FREE DAY ENJOY CLEVELAND			
TUES: 29 AUG: 10:00am Registration Opens. PX & Hospitality Opens.			
WED: 30 AUG 10:00am Registration Opens. PX & Hospitality Opens.			
THUR: 31 AUG Registration Opens. PX & Hospitality Opens. DINNER CRUISE LOADS AT 1700 HOURS At HOTEL . Boarding at 6:00 PM CRUISE HOURS 7:00 PM– 9:30 PM	\$ 40.00 PER PERSON Cruise, Dinner & Transportation		
FRI: 01 SEP: BUS TRIP TO ROCK & ROLL HALL OF FAME. BUSES START LOADING AT 9:00 AM TOUR LAST 10:00 AM TO 2:00 PM PX will open	\$ 30.00 PER PERSON Admission & Transportation		
SATURDAY 02 SEP 9:00 to 10:00am Memorial Service 10:00am to 12:00 Membership Meeting 10:00am to 12:00 Free Ladies Luncheon ANNUAL KSV BANQUET: 6:00 pm Cocktails 7:00 pm Dinner	\$50.00 PER PERSON		Free Ladies Luncheon, Please Sign Up When Registering For Food Count
SUNDAY 03 SEP HAVE A SAFE TRIP HOME			

MAKE CHECK OR MONEY ORDER PAYABLE TO: KSV ASSOCIATION

OFFICE USE ONLY
 Check# _____ Date Received _____
 Name Tag Completed _____

Send Check, Money Order or Credit Card Information To:
 The Khe Sanh Veterans/ Russell Turner
 3168 Meadowfield Dr
 Arnold, MO 63010

CREDIT CARD INFORMATION

NAME ON CARD:	VISA	MASTER CARD	DISCOVER
CARD NUMBER:	OTHER	Note: Our Bank Does Not Accept AM/XPRESS	
EXPIRATION DATE:			
3 DIGIT CODE ON BACK OF CARD		Note: Address Must Be The One Card Issued To	
ADDRESS FOR CREDIT CARD:			
CITY:	STATE	ZIP	

NAME TAG INFORMATION PLEASE PRINT

NAME:

UNIT SERVED WITH:

SPOUSE OR COMPANIONS NAME:

OTHER GUEST (1)

OTHER GUEST (2)

OTHER GUEST (3)

OTHER GUEST (4)

OTHER GUEST (5)

ADDRESS:

CITY:

ST:

ZIP:

PHONE:

CELL PHONE:

EMERGENCY CONTACT:

EMAIL:

SPECIAL NEEDS:

EMAIL:

ARRIVAL DATE:

DEPARTURE DATE:

ARE YOU STAYING AT HOTEL: YES — NO CIRCLE ONE

COMMENTS: