



**Navy Helicopter Veterans Association
2009 Reunion Registration**



**September 9 through 13, 2009
Hilton Garden Inn Savannah Historic District - Savannah, Georgia**

--- Hotel Registration ---

For hotel reservations: call 1-912-721-5000 or 1-877-245-8854 and mention "Navy Helicopter Veterans Association"

Or go to the hotel's special web site:

<http://hiltongardeninn.hilton.com/en/gi/groups/personalized/SAVSHGI-HRA-20090906/index.jhtml>

--- Reunion Registration ---

I (We), Will _____, Will Not _____ attend the NHVA 2009 Reunion in Savannah, September 9 – 13, 2009

How many in your party? _____ Are you staying at the hotel? Yes ** _____ No _____

Hotel Reservations Made: Yes _____ No _____

Scheduled Date of Arrival: _____ Departure: _____

**** Cut-Off Date for Hotel Reservations is August 1, 2009**

(Please Print)

Name(s): _____

Address _____ Date: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email _____

--- Registration, Event and Membership Fees ---

Registration fee includes items indicated below, hospitality suite, snacks, drinks and other amenities.

Registration fee per person **\$135.00** x _____ persons = \$ _____
(includes Friday Buffet Dinner and Saturday Riverboat Dinner Cruise)

Thursday: **Trolley Tour** with 2-day on/off Trolley Pass **\$ 15.00** x _____ persons = \$ _____

or **Trolley Tour** with 1-day on/off Trolley Pass **\$ 10.00** x _____ persons = \$ _____

Thursday: **Dinner at The Lady and Sons:** **\$ 30.00** x _____ persons = \$ _____
(includes return transportation)

Friday: **Savannah Theatre Hooray for Hollywood:** **\$ 40.00** x _____ persons = \$ _____
(includes round-trip transportation)

Annual Dues: **\$20.00** per person: Myself: _____ + Spouse _____ = \$ _____

TOTAL Remittance Amount: \$ _____

Make Checks payable to: NHVA

Send to: NHVA, attn. Earl Hoffay, 938 Satsuma Circle, St. Johns, FL, 32259

Membership Information: (Please complete name/address information above whether or not attending reunion)

(Please Print)

Name: _____ Spouse: _____

Rank/Rate: _____ Squadron(s) Year(s): _____

May we share your name and contact information with the NHVA membership and on our web site? _____ **Yes, share all**

_____ Share my e-mail address _____ Share my street address _____ Share my phone number

_____ Share with the membership only (do not put on web site) _____ No, do not share any info