

THE ROHNA SURVIVOR'S MEMORIAL ASSOCIATION REUNION

June 22-25, 2017

~~ Indianapolis, Indiana ~~

The reunion will be held at the Wyndham Indianapolis West,
2544 Executive Drive, Indianapolis, IN 46214
(317) 248-2481

Room rate is: \$127.53 per night. Price includes all taxes.

*Please tell the reservation agent at the time of your booking if you require an ADA room.
If you are driving, complimentary parking is available. The Wyndham airport shuttle runs every 30 minutes, on
the hour and half hour and is located at **Zone 2** in the airport shuttle area.*

Registration Fee is \$170.00 for adults; \$85.00 for children age 12 to 3;
\$30 for children 3 and under.

The registration fee includes the following:

- ❖ *Welcome Package with name button, itinerary, list of attendees and local information*
- ❖ *Thursday Welcome Dinner Buffet*
- ❖ *Friday Tour of Indianapolis, the American Legion National Headquarters with lunch at the Rathskeller Restaurant afterward*
- ❖ *Saturday morning Membership Meeting*
- ❖ *Saturday Classes*
- ❖ *Saturday night Banquet Dinner & Program*
- ❖ *Sunday Farewell Breakfast Buffet*
- ❖ *Hospitality Room stocked with snacks, beverages & cocktails all 3 days*

Call the Wyndham Indianapolis West by May 16, 2017

to make your room reservation.

Call (317) 248-2481 to make your room reservation. Please request the group rate for: TRSMA when you call.

If you have any problem making your reservation **CALL DEBORAH** at (408) 265-3951 or (408) 656-2246.

She will make sure you get the room you want.

HOPE YOU CAN JOIN US THIS YEAR!

For More Information Contact:

Ruth Canney ~ Phone: (614) 879-8545 ~ EMAIL: ruthtuffa@columbus.rr.com

OR

Deborah Sanchez ~ Phone: (408) 265-3951 ~ EMAIL: debsan1951@gmail.com

THE ROHNA SURVIVORS MEMORIAL ASSOCIATION REUNION

June 22-25, 2017 ~ Indianapolis, Indiana

MY NAME: _____

I am a: (Please circle one) SURVIVOR CONVOY MEMBER NOK Relative/Friend
(CONVOY SHIP'S NAME [if Convoy Member]) _____

I am a Relative/Friend of a LIVING or DECEASED (please circle one) SURVIVOR - (Survivor's Name and Relationship)

Survivor's Name _____ Relationship _____

I am a Relative/Friend of a NON-SURVIVOR (NOK) – (Non-Survivor's Name and Relationship)

Non-Survivor's Name _____ Relationship _____

I am a Relative/Friend of a CONVOY MEMBER – (Convoy Member's Name and Relationship)

Convoy Member's Name _____ Relationship _____

MY ADDRESS: _____

PHONE: _____ **EMAIL:** _____

GUEST NAME(S) - Please indicate if your guest(s) is/are related to a Survivor, Non-Survivor, Deceased Survivor or Convoy Member and how. (Use back of form if necessary.)

IS THIS YOUR FIRST REUNION? YES _____ NO _____

BANQUET MEAL SELECTION: BEEF _____ CHICKEN _____ VEGETARIAN _____ YOUTH _____

TOUR LUNCH SANDWICH SELECTION: CORNED BEEF _____ TURKEY _____ TUNA _____

YOUTH (Grilled Cheese with Fries) _____

PLEASE LIST ANY SPECIAL "FOOD NEEDS": _____

IN CASE OF EMERGENCY, NOTIFY: _____ Phone: _____

REGISTRATION FEES: Number of ADULTS Attending _____ x \$170 = \$ _____

Number of CHILDREN (under age 12) Attending _____ x \$85 = \$ _____

Number of CHILDREN (under age 3) Attending _____ x \$30 = \$ _____

Below is the cost for those attending the Saturday Night Banquet Dinner ONLY:

Number of ADULTS _____ x \$50 = \$ _____

Number of CHILDREN (age 12-3) _____ x \$25 = \$ _____

REGISTRATION PAYMENT IS DUE NO LATER THAN MAY 20, 2017

PLEASE MAKE YOUR CHECK PAYABLE TO: Deborah Sanchez

PLEASE MAIL YOUR REGISTRATION FORM AND PAYMENT TO THE FOLLOWING:

Deborah Sanchez ~ 4236 Hendrix Way ~ San Jose, CA 95124

- CONFIRMATION OF REGISTRATION AND ITINERARY WILL BE SENT OUT VIA EMAIL. IF NO EMAIL ADDRESS IS INDICATED, IT WILL BE SENT VIA US MAIL BY MAY 26, 2017.
- CANCELLATIONS RECEIVED AFTER MAY 23, 2017 ARE NON-REFUNDABLE.
- **CALL THE WYNDHAM INDIANAPOLIS WEST RESERVATIONS AT (317) 248-2481 NO LATER THAN MAY 16, 2017 TO MAKE YOUR ROOM RESERVATIONS.** REQUEST THE GROUP RATE FOR TRSMA. IF YOU WANT TO STAY EXTRA DAYS, 6/19, 6/20, 6/21, 6/26, 6/27 AND 6/28 ARE ALSO AVAILABLE AT THE SAME RATE.