



PT BOATS, INC.

WWII PT BOATS • BASES • TENDERS
PO Box 38070 • Germantown, TN 38183-0070

2009 REUNION

Washington DC/Arlington VA
July 2 thru July 6, 2009

Name for Badge: _____
Name of Spouse or Guest for Badge: _____
PT Unit(s) or other Affiliation: _____
Your Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Fax: _____
E-mail Address: _____

PRE-MARCH 15, 2009 PRICES SHOWN

- 3 Night Package** - Check in 7/3, checkout 7/6
1 person \$753 **After MARCH 15 add \$75** \$ _____
2 people \$925 **After MARCH 15 add \$75**
- 4 Night Package** - Check in 7/2, checkout 7/6
1 person \$835 **After MARCH 15 add \$75** \$ _____
2 people \$1166 **After MARCH 15 add \$75**
- Registration Only** - extra people, no room,
no meals \$25 each - supply names/addr. \$ _____
- Banquet Only** - no room, includes registration
\$77, **After MARCH 15 pay \$81** each person. \$ _____
- Extra Adult in Room** -
\$5 each adult X each night - supply names/addr \$ _____
- Extra Nights** - in Addition
to Your Package - \$127 each night, \$ _____
Indicate dates:
Jun 29 Jun 30 July 1 July 2 July 3
July 4 July 5 July 6 July 7 July 8
- TOUR INFO TO BE ANNOUNCED LATER** - - - - - \$ _____
- - - - - \$ _____

SUBTOTAL \$ _____
LESS sleeping room deposit already paid \$ - _____
Membership Contribution \$ + _____
Reunion Expenses Contribution \$ + _____
GRAND TOTAL \$ _____

Check, payable to: **PT Boats, Inc.** Check # _____
(Only checks for US Dollars drawn on banks located in the USA)
 Credit Card: Visa Mastercard & Discover ONLY
 Account No.: _____
 LAST 3 digits on back of credit card (**V Code**): _____
 Expiration Date: _____
 Signature: _____

Please answer all of the following questions:

1. Is this your First Reunion: YES NO
2. Names of first time attendees: _____
3. If you're single do you want to share a room: YES NO
4. Are you driving: YES NO
5. Are you flying: YES NO
6. Are you driving an RV: YES NO
7. Non-Smoking room request: YES NO
8. Smoking room request: YES NO
9. Handicapped room request (Limited Availability): YES NO
10. KING or Two Double Beds: YES NO
11. Number attending Catholic service: _____
12. Number attending Protestant service: _____
13. Do you use a wheelchair: YES NO
14. Do you use a walker: YES NO
15. Do you use a scooter: YES NO
16. Do you use a cane: YES NO
17. Do you use Oxygen: YES NO
18. Briefly describe any medical limitations: _____

20. Most medically required diets are possible if listed now. Please give person's name and diet requested and name: _____

21. Emergency Contact Person: _____
 Work Phone: _____ Home Phone: _____
 E-mail: _____
 Relationship: _____

Please attach any guests names, addresses and relationship to you so that we may prepare badges and count everyone correctly. Thanks!

Credit card billing address MUST match the address at top of this form. If not, complete billing address must be supplied and written on back of this form.

CANCELLATION FEE: a \$25 fee will be deducted from any refunds due you **AFTER** the reunion. Refunds **CANNOT** be made during the reunion. Tours are not refundable. **"No Shows"** will be charged at least the first night plus registration fees. You must inform PT Boats, Inc. - **NOT** the hotel if you cancel. Meals are **ONLY** refundable if you cancel before June 1, 2009. **The hotel charges early checkout fee of approximately \$121 except for emergencies.** A small percentage has been added to room and meal prices to help offset the reunion costs. Please initial that you have read and understand these terms. My Initials: _____