



**THIS FORM IS FOR MAIL-IN REGISTRATION ONLY**

**The only method of payment is by check or money order. Please print and complete this form, mailing the 2<sup>ND</sup> page along with a check or money order payable to:  
"Unified Arizona Veterans" at the following address.**

**Unified Arizona Veterans**

Attn: Treasurer  
P. O. Box 34338  
Phoenix, AZ 85067

Be sure to include "**AVHOF**" in the "**For**" section of the check.

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**DATE AND LOCATION**

Friday, October 27<sup>th</sup>, 2017  
Talking Stick Resort – Scottsdale  
9800 E Talking Stick Way (*Indian Bend Exit*), Scottsdale, AZ 85250

**PROGRAM**

Social Time 10:30 am – 11:20 am  
Ballroom doors open at 11:00 am  
Opening ceremony and remarks 11:30 am – 11:50 pm  
Lunch 11:50 pm – 12:50 pm  
Break 12:50 pm – 1:00 pm  
Induction ceremony 1:00 pm – 2:30 pm

**MENU**

Herb Roasted Frenched Chicken Breast  
Caesar Salad, Parmesan Whipped Potatoes, Garlic Green Beans, New York Cheesecake  
Special dietary needs accommodated by *prior arrangements* only – see registration form

**REGISTRATION and PAYMENT**

Registration received on or before September 30<sup>th</sup> is **\$55** / attendee;  
**Registration received on or after October 1<sup>st</sup> until registration closes at 4:30 pm on Oct 13<sup>th</sup> is \$65**  
Registration, medical dietary needs, accessibility needs, and payment instructions are on the next page.  
**NO PAYMENTS, NOR WALK-INS, WILL BE ACCEPTED AT THE EVENT**

**DRESS - Business** (Honorees and all guests)

Gentlemen: *Coat and Tie*

Ladies: *Dress or Suit*

**GUEST REGISTRATION FORM – ARIZONA VETERANS HALL OF FAME INDUCTION CEREMONY**

**CONTACT INFORMATION ON INDIVIDUAL PROVIDING INFORMATION FOR THIS FORM**

*(all blocks above dotted line are mandatory)*

TITLE OR RANK: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

NUMBER & STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SEATING PREFERENCE (Inductee or Organization): \_\_\_\_\_

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If you do not fill a table of 10, other guests will be assigned to sit with you.

1<sup>st</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

2<sup>nd</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

3<sup>rd</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

4<sup>th</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

5<sup>th</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

6<sup>th</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

7<sup>th</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

8<sup>th</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

9<sup>th</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

10<sup>th</sup> Attendee: \_\_\_\_\_ Dietary/Wheelchair Needs: \_\_\_\_\_

**EARLY BIRD COST FOR MEALS - \$55**

**RECEIVED AFTER SEPTEMBER 30<sup>TH</sup> - \$65**

***Check or money order made out to "Unified Arizona Veterans" and mailed to:***

**Unified Arizona Veterans**

Attn: Treasurer

P. O. Box 34338

Phoenix, AZ 85067

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**R.S.V.P. must be received by 4:30 pm, Friday, 13 October 2017**

**QUESTIONS?**

Anyone incurring difficulty registering for this event can call the point of contacts listed below.

POC: [Sue Wudy](mailto:Sue.Wudy) (registration, meals, accessibility accommodations) 602-277-4168 [lilsarge@mindspring.com](mailto:lilsarge@mindspring.com)

POC: [Carol Culbertson](mailto:Carol.Culbertson) (for all other inquiries) 602-799-9480 [claudhec@yahoo.com](mailto:claudhec@yahoo.com)