



PLANNER REGISTRATION MAIL-IN FORM

Planners Workshop being held in: _____

Reunion/Association Name: _____

Branch of Service: Army Marines Navy Air Force Coast Guard

Era: WWII Korea Vietnam Desert Storm Iraqi Freedom Other

Name: _____ Guest Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Website: _____ Facebook Page: Yes No

RECENT REUNION & NEXT "BOOKED" REUNION

Recent Reunion Date: _____ Location: _____ Hotel: _____

of Attendees: _____ #of Rooms: _____ #Nights: _____ Room Rate: \$ _____

Next Booked Reunion: _____ Location: _____ Hotel: _____

Expected attendees: _____ Rms blocked: _____ #Nights: _____ Room Rate: \$ _____

NEXT "UNBOOKED" REUNION

Date/s: _____ 1ST Choice: _____ 2nd choice: _____ Dates flexible? Yes No

Est. # attendees: _____ Est. #rooms: _____ #Nights: _____ Room rate desired: \$ _____

Potential Location/s being considered: _____

How is location selected? Member Vote Committee President Other _____

When do you plan on making your decision?: _____

Can we schedule a follow up? Yes No _____

What would you like to learn/discuss at this Planners Workshop? _____

Please make your check payable to: **YMRC, LLC**

Mail to: **YMRC, LLC, 1960 Madison St., Ste. J-226, Clarksville, TN 37043**