

IWO JIMA ASSOCIATION OF AMERICA REUNION ACTIVITY REGISTRATION FORM 2026

Listed below is the registration cost for the Reunion and Symposium. Please enter how many people will be participating and total the amount. Send that amount payable to IJAA in the form of check or money order. Your cancelled check will serve as your confirmation. Returned checks will be charged a \$20 fee. You may also register online and pay by credit card at [IJAA 81st Anniversary Reunion](https://book.passkey.com/go/iwojima81stanniversary). A 3.5% convenience fee will apply for all credit card payments. All registration forms and payments must be received by mail on or before **February 3, 2026**. After that date, reservations will be accepted on a space available basis. Go to <https://book.passkey.com/go/iwojima81stanniversary> to reserve your hotel room at a discount.

Iwo Jima Association of America
PO Box 680
Quantico, VA 22134

OFFICE USE ONLY

Check # _____ Date Received _____
Inputted _____ New ☐ Revision/Addition ☐

CUT-OFF DATE IS 1/25/26

	Price Per	# of People	Total
Friday, 2/20: Bus Tours To National Museum of the Marine Corps & Memorial Service & Wreath Laying at the USMC Memorial and WWI Memorial	\$45		
MEALS			
SATURDAY: SYMPOSIUM LUNCH – 1 Entrée Buffet	\$40		\$
SATURDAY: BANQUET (Please select your entrée below) – Includes Valet Parking for the Evening and 1 Drink Ticket			
Herb Marinated Flat Iron Steak	\$95		\$
Seared Free Range Chicken Breast	\$95		\$
Vegetarian Entree	\$95		
Fish Entree	\$95		
Registration for Iwo Jima Veterans ONLY	FREE		\$
Registration for yourself, spouses, family, guests and supporters	\$15 ea	#	\$
Donation			\$
Total Amount Payable to IJAA			\$

PLEASE PRINT NAME

Note: Correct names and addresses are very important because of the prominent position of some of our guests. You will be required to go through metal detectors at the Museum.

FIRST _____ LAST _____ EMAIL _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

STREET ADDRESS _____

CITY, ST, ZIP _____ PH. NUMBER (____) _____ - _____

DISABILITY/DIETARY RESTRICTIONS _____

(Sleeping room requirements must be conveyed by attendee directly with hotel)

MUST YOU BE LIFTED HYDRAULICALLY ONTO THE BUS WHILE SEATED IN YOUR WHEELCHAIR IN ORDER TO PARTICIPATE IN BUS TRIPS? ☐ YES ☐ NO (PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

EMERGENCY CONTACT _____ PH. NUMBER (____) _____ - _____

ARRIVAL DATE _____ DEPARTURE DATE _____

ARE YOU STAYING AT THE HOTEL? YES ☐ NO ☐

ARE YOU FLYING? ☐

DRIVING? ☐

RV? ☐

For refunds and cancellations please refer to our policies outlined at the bottom of the reunion program. **CANCELLATIONS WILL ONLY BE TAKEN MONDAY-FRIDAY 9:00am-5:00pm EASTERN TIME (excluding holidays)**. Call 703 212-8128 to cancel reunion activities and obtain a cancellation code. Refunds processed 4-6 weeks after reunion.

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