

IWO JIMA ASSOCIATION OF AMERICA 82nd ANNIVERSARY OF THE BATTLE FOR IWO JIMA REUNION

February 18-21, 2027

REGISTRATION FORM

Please enter how many people will be participating and total the amount. Send that amount payable to IJAA in the form of a check. 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 82nd Anniversary Reunion](https://book.passkey.com/go/iwojima82ndanniversary). 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, 2027**. After that date, reservations will be accepted on a space available basis. Go to <https://book.passkey.com/go/iwojima82ndanniversary> 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 ☐

<i>CUT-OFF DATE IS 1/25/27</i>	Price Per	# of People	Total
Thursday, 2/18 Early Check-in (Showing of selected sections of <i>The Pacific</i>)	No charge		
Friday, 2/19: Bus Tours To National Museum of the Marine Corps & Memorial Service & Wreath Laying at the USMC Iwo Jima Memorial.	\$60		0
MEALS			
SATURDAY: SYMPOSIUM LUNCH – 1 Entrée Buffet	\$45		\$0
SATURDAY: BANQUET (<i>Please select your entrée below</i>) Includes 1 Drink Ticket			
Herb Marinated Flat Iron Steak	\$95		\$0
Seared Free Range Chicken Breast	\$95		\$
Fish Entree	\$95		\$
Registration			\$
Iwo Jima/Pacific Island Veterans ONLY	No Charge		\$0
Registration for self, family, guests	\$50 Ea.	#	\$0
Donation			\$
Total Amount Payable to IJAA			\$0

PLEASE PRINT NAME

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

FIRST _____ LAST _____ EMAIL- _____

SPOUSE NAME _____

GUEST NAMES _____

STREET ADDRESS _____ ZIP _____, PH. NUMBER _____

DISABILITY/DIETARY RESTRICTIONS _____

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

Wheel Chair required? ☐ 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 ☐

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 (571) 569-4522 to cancel reunion activities. Refunds processed 4-6 weeks after reunion.

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