



SOAR XLI REGISTRATION

Special Operations Association Reunion

16-20 October 2017

The Orleans Hotel & Casino, Las Vegas, NV (800) 675-3267

SOA # First Name Middle Name Last Name

Address City State Zip+4_

Home Phone Cell Phone Email

Member and Guest Names Print names below the way you want them to appear on the name badge. First Name Last Name	Full Registration Enter full reunion rate beside each person's name. Wednesday's Luncheon and Thursday's Banquet is included.	Daily Registration					Total \$
		Enter the daily rate beside each person's name indicating day(s) attending. Daily rate is \$70 per person per day. Wednesday includes the Luncheon; Thursday includes the Banquet.					
	Mon - Thurs \$180.00 per person	Mon \$70	Tues \$70	Wed \$70	Thurs \$70		
Member							
Guest							
Guest							
Guest							

Use additional sheets as needed

1. Registration: Total Member + Guests = \$

2. Vendors Only: # Tables _____ X \$150 each = \$

GRAND TOTAL DUE \$

Complete the Registration and Payment Information forms and return in the enclosed envelope to:
Rick Grabianowski, SOAR Registrar, PO Box 1165, Sparks, NV 89432-1165.

You will receive an email acknowledgement of your registration within 10 days, if you do not receive it, contact the Registrar:
(775) 881-8069, or Registrar4SOAR@gmail.com

Volunteers: YES: I wish to volunteer in: Registration _____; Security _____; as needed _____



SPECIAL OPERATIONS ASSOCIATION

PAYMENT INFORMATION FORM

(FOR SOAR REGISTRATION ONLY)

Every effort will be made to insure that your personal financial information is not compromised.

SOA # _____ NAME _____

PAYMENT: Check _____ M.O. _____ Make payable to SOA

CREDIT CARD, SELECT ONE:

VISA: _____ M/C: _____ AMEX: _____ DINER'S: _____ DISCOVER: _____

Account #: _____ Expiration Date: _____

Name as Printed On Card: _____

Billing Address: _____

City: _____ State: _____ Zip+4: _____

Phone: (Day) _____ (Cell) _____

*Signature: _____

*(*Signature required for Credit Card Transactions)*

Submit completed form to the Registrar:

Rick Grabianowski

SOAR Registrar

PO Box 1165

Sparks, NV 89432-1165

(775) 881-8069, registrar4soar@gmail.com

THANK YOU