

2019 Registration Form – 306th Bomb Group Historical Association and SSMA Reunion

Embassy Suites Savannah Airport – 145 W. Mulberry Blvd. Savannah, Georgia

November 7th – Check-out November 10, 2019

DEADLINE FOR REUNION REGISTRATION AND HOTEL RESERVATION – THURSDAY OCTOBER 10, 2019

Must use Toll-free number for hotel reservations 1-800-362-2779

Request: **306th Bomb Group** reunion rates: \$139.00 (pre-tax) single or double (\$10 ea. Add'l person)

Questions? Contact Debbie Hopper Conant, Reunion Chair; debconant@me.com; (408) 550-5253

No registration fee for WWII-era veterans of 306th or SSMA

Mandatory Registration Fee for all others _____ x \$50.00 = \$ _____

Thursday, 7 November - Museum of the Mighty Eighth Air Force - 1:00 to 5:00 pm

Explore Museum on own - Access to Research Center

(Fee includes: bus transportation and museum entrance) _____ x \$15.00 = \$ _____

Friday, 8 November - Museum of the Mighty Eighth Air Force - 8:30 am to 5:00 pm

Morning: Folded Wings Ceremony - Tour - Lunch with Speaker, Mighty Eighth CEO Scott Loehr

Afternoon: Explore Museum on own - Access to Research Center

(Fee includes: bus transportation, museum entrance and lunch) _____ x \$32.00 = \$ _____

First Over Germany Dinner Buffet at Hotel - 6:30 pm

_____ x \$56.00 = \$ _____

Saturday, 9 November

General Business Meeting - Presentations - Veterans Roundtable

306th BGHA & SSMA Banquet at Hotel – 6:30 pm _____ x \$49.00 = \$ _____

Donation to the 306th Bomb Group Historical Association – THANK YOU! \$ _____

Total Amount payable to 306th Bomb Group Historical Association **TOTAL** \$ _____

BY OCTOBER 10, 2019: Please make check payable to:

306th Bomb Group Historical Association – 2019 Reunion on memo line

Mail to: Treasurer Jennifer Mindala; 3244 S. Lamar St.; Denver, CO 80227

EACH DAY all attendees will have the opportunity to network with World War II veterans and enjoy exhibits and archived 306th World War II memorabilia displayed in the Hospitality Room

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

306th OR SSMA VETERAN YOU ARE ATTENDING IN HONOR OF: _____

Squadron _____ WWII Duty _____

LIST ALL ATTENDEES IN YOUR GROUP (Please PRINT clearly)			
Name of Attendee	Relationship to Veteran	1 st Reunion?	Arrival Date

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