

Registration New Orleans WWII Museum • Higgins Hotel • May 4-8, '22

Please return registration and fee by _____

Member Name:		
City/State/Zip:		
	Email:	
Is this your first AWON Confere	nce? Y N Do you want your name li	sted in the conference roster? Y N
Registration Fee (includes Recep	tion, Banquet, Meeting Room Fees and W	WII Museum Admission)
Members & Guests X \$	5200	\$
New Members & Rene	wals X \$225 (includes 1 year AWON N	Membership Dues) \$
	Total Registration Fe	ees enclosed: \$
Name Tag Information (please p	rint clearly – and include State of Residence	e)
Your Name: (include maiden name)		State:
Guests Names:		State:
Serviceman's Name:		Service Branch:
Rank	First Middle Last	
Circle One: KIA MIA Died	while on Duty Date of Death:	Country Died:

Mail Registration Form with check or money order payable to AWON to:

AWON 2022 National Conference 5745 Lee Road Indianapolis, IN 46216