



## U.S.S. DES MOINES REUNION INFORMATION

### 43rd Reunion, July 26 and 27, 2018



If you plan to attend the U.S.S. Des Moines reunion this year, please complete the registration form below and **return the form to Vincent C. Alfonso, Ph.D., 1533 West Highline Lane, Spokane, WA 99201 ON OR BEFORE JUNE 1ST.** Food and drinks must be ordered and purchased in advance; therefore, an accurate attendance count is imperative. Accordingly, if you plan to attend, please complete the reservation form and send it to Vincent. *Our policy is that if you prepay and then are unable to attend the reunion, your payment will be refunded.*

**MAKE YOUR RESERVATIONS EARLY! AREA HOTELS FILL UP QUICKLY!**

HOTELS/MOTELS -- MERCER		HOTELS/MOTELS -- HERMITAGE		HOTELS/MOTELS -- GROVE CITY	
Mercer Motel	724-662-4250	Overnight Inn	724-981-3100	Ameri-House Inn	724-748-5836
Colonial Inn	724-662-5600	Fairway Inn	724-981-4421	Park Motel	724-458-8850
Comfort Inn	724-748-3030	Royal Inn	724-347-5546	Comfort Inn	724-748-1005
Quality Inn-Hermitage	844-432-6858	Collins Motel	724-981-6150	Super 8 Motel	724-748-3000
AIRPORTS		CAMPGROUNDS			
Erie, PA	Youngstown, OH	RV Village, Mercer	724-662-4560		
Cleveland, OH	Pittsburgh, PA	Rocky Springs, Mercer	724-662-4415		
		Mercer Grove City KOA	724-748-3160		



## USS Des Moines Reunion Reservation Form

Please print all information requested below so that we may accurately document your attendance. Payment must be received by Vincent C. Alfonso on or before June 1<sup>st</sup>.

**Make checks payable to: "U.S.S. Des Moines CA-134 Reunion Association."**

Please mail this completed form with your check on or before June 1st to:  
**Vincent C. Alfonso, 1533 West Highline Lane, Spokane, WA 99201**

Name: _____	# of persons _____	Total _____	
Address: _____	\$280 per couple X _____	couples = \$ _____	
City: _____	\$140 per single X _____	singles = \$ _____	
State: _____ Zip Code: _____	Children under 18 FREE _____	children = \$ _____	FREE
Phone: _____	Total number attending _____	\$25 Annual dues (if not yet paid): \$ _____	
Area Code _____ Phone Number _____		Total amount due: \$ _____	
e-mail: _____			

	FOR OFFICE USE ONLY
Name of Spouse: _____	Reunion Amount Paid: \$ _____
Name of Guest #1: _____	Check Number: _____
Name of Guest #2: _____	Date Reunion Fee Paid: _____
Name of Guest #3: _____	Amount of Dues Paid (\$25/year): \$ _____
Name of Guest #4: _____	Date Yearly Dues Paid: _____
	Check Number: _____

NOTES: \_\_\_\_\_