

REUNION IN KOREA APPLICATION FORM
FOR USFK Personnel and Their Family Members

*Please Print

Application date _____

1. Please circle the "Reunion in Korea 2004" program option you wish to participate in.
4 days package(With air ticket) 4 days package(without air ticket) Air line tickets only option

2. Please provide family member's information below; (Mr/Mrs/Miss/Ms)

Last Name _____ First _____ Middle Initial _____
()

Home Address: Street Number /City /State /Zip / Tel

Type of Accommodation Single _____ Twin _____ Double _____ Triple _____

Wish to share a Twin Room with (Name) _____ Date of Birth _____

* Your E-mail Address _____ Relationship to Sponsor _____

3. U.S. Departure Point (circle only one): New York, Washington D.C. (**IAD, DCA, BWI**) , Chicago, Atlanta, St. Louis, Boston, Cleveland, Kansas City, Denver, Dallas, Houston, Austin, Los Angeles, San Francisco, Portland, Seattle, San Diego, Miami, Cincinnati, Charlotte, Nashville, Phoenix. (Ask about other departure cities)

Wish to depart U.S. on _____ Wish to return from Korea on _____

Above dates are subject to change due to circumstances beyond our control.

Wish reservations at Sofitel Ambassador Hotel before/after Reunion on _____, _____, _____, _____

4. Enclosed herewith is a check / money order / cash in the amount of \$100 as deposit for above named person. (Make money order or personal check payable to Korea Travel Bureau. Inc.)

Sponsor's Signature _____ Rank and Printed Name in Full _____

Organization and Mailing Address _____ / APO _____

Telephone(Prefix) & Number / Office () _____ / Home () _____

E-mail address _____ / **Cell** () _____

Date of Birth _____ / Job Title _____

Note : (1) Send this application form and payment to :

USFK Public Affairs Office
ATTN : FKPA – CR(Reunion)
PSC 303, BOX42
APO AP 96204-0042

Sponsor's PCS from Korea : _____ year _____ month

- (2) Also send two **sponsor's** self-addressed return envelopes.
(3) Type or print all entries clearly. Do not mail cash.
(4) If more forms needed, local reproduction permitted.
(5) Fee of \$100.00 will be charged for cancellations after the final payment Deadline Date.

*If family member has any handicap or disability that restricts activity, please indicate with ASTERISK next to name.

* Be sure all names and addresses are complete, accurate and readable, because tickets and information are mailed based on information in this application.

* Sponsor participates in 4-day tour package: Yes _____ No _____