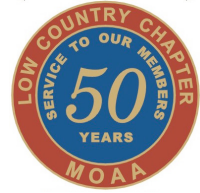




Registration Form
Military Officers Association of America
 South Carolina Biannual State Conference
 Low Country & Columbia Chapters' 50th Anniversary Gala
 October 9 - 11, 2015



Full Name: *(Please print all information)* _____

Full Name of Spouse or Guest (if attending): _____

Preferred Name(s) for Badge(s): _____

Mailing Address: _____

Email: _____ Phone: (_____) _____ - _____

CONFERENCE REGISTRATION FEE: \$10 per attendee. _____ x \$10 \$ _____
 (Includes Friday reception & Sunday breakfast) (number) (total)

GOLF: 9:00 a.m. Saturday, October 10, The Legends Golf Course, Marine Recruit Depot, Parris Island
 _____ x \$45 \$ _____
 (number) (total)

Names of individuals you plan to play with:

DINNER GALA: 6:00 p.m., Saturday, October 10. The Lyceum, Marine Recruit Depot, Parris Island
 _____ x \$37.50 \$ _____
 (number) (total)

TOTAL: \$ _____

Dinner preference (indicate number) Chicken Marsala _____ Pork Tenderloin _____. If you and/or your spouse/guest requires a special menu, please list here: _____

If you and/or your spouse/guest do not possess a Department of Defense ID card, we will need to include your names on a base access roster. Do you or your spouse/guest need to be listed on the base access roster? Yes or No? _____. *If yes, please add your date of birth after your name(s) above.*

To enable organizers to gauge interest, please indicate with number of participants if you are interested in:

_____ Beaufort walking tour _____ F-35 Tour MCAS _____ USMC Museum
 _____ Horse Carriage Tour _____ Penn Center _____ *Prince of Tides*

Questions or comments: _____

Please enclose a check payable to Low Country Chapter, Military Officers Association, and mail to MOAA, Post Office Box 1433, Beaufort, SC 29901-1433 not later than Friday, September 25, 2015.