

IJAA Return Registration Form



The charter to Iwo Jima is private and registration and payment through the web site is not a guarantee of acceptance. Passengers accepted for the charter must meet several criteria:

1. ***This charter is under the auspices of the Iwo Jima Association of America (IJAA), and is restricted to members of that organization.***
2. ***All participants must be American citizens and possess a US Passport.***
3. ***Exceptions allowed must either be WWII veterans and their families, or former POWs.***

Please complete the entire forms. **Type or print all information.**

YOUR INFORMATION:

Clearly print your full name (first/middle/last) as it appears on your government issued Passport documentation. **IMPORTANT:** In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to your Passport including middle names or suffixes (Jr, Sr.)

Name of Tour: **75th Anniversary Reunion of Honor – Iwo Jima** Tour Dates: **17 – 23 Mar 2020**

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: () Male () Female Date of Birth: (month/day/year) _____

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

*****We cannot deliver overnight mail to a Post Office Box. Please contact our office if there is a problem.***

Phone: (____) _____ Cell: (____) _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____

Date of Issuance: (month/day/year) _____ City, State, Country of Issuance: _____

Citizenship: _____ Emergency Contact: _____ Phone: (____) _____

ROOMING WITH: Check if address is the same as Passenger #1

First: _____ Middle: _____ Last: _____ Suffix: _____

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

*****We cannot deliver overnight mail to a Post Office Box. Please contact our office if there is a problem.***

Phone: (____) _____ Cell: (____) _____ Email Address: _____

Passport Number: _____ Expiration Date: (month/day/year) _____

Date of Birth: (month/day/year) _____ Date of Issuance: (month/day/year) _____

City, State, Country of Issuance: _____

Citizenship: _____ Emergency Contact: _____ Phone: (____) _____

AIR GATEWAY: Your departure airport for this tour: _____

Air Seat Request: () Aisle () Window () Next To Traveling Companion

Military Historical Tours (MHT) cannot guarantee your seat preference. If you have not purchased air through MHT and wish to purchase transfers when applicable, you must transfer at our pre-scheduled times.

AIR UPGRADE: I am interested in purchasing an air upgrade to: £ Premium Economy £ Business Class £ First Class Service is limited and not available on all flights or carriers. Other restrictions may apply. Are you willing to separate from the group air schedule to accommodate your upgrade request? () Yes () No

Travel Protection - MHT recommends Travel Protection to help protect you and your trip investment against the unexpected. Please refer to our [website] to view the Product Flyer for more information and rates on the available plan. Upon request we can mail via USPS or email you the Product Flyer. Please call our office for questions and details (9:30-5:30 EST).

To view/download the Policy based on our state of residence, visit: <http://policy.travelexinsurance.com/ACGB-1217>

1. Trip cancellation coverage helps protect you and your prepaid, non-refundable trip cost. The price for the travel protection plan with trip cancellation coverage is available as part of the 360° Group Choice Protection Plan. If you desire to purchase this Travelex Insurance Services protection plan that includes Trip Cancellation coverage, MHT will provide you with an enrollment form and the plan Description of Coverage in your follow-on registration package.

2. The Travel Protection agreement guarantees a full refund of all payments for the ground portion of your base trip, including deposits, but not including the agreement fee itself, in the event of cancellation of your travel plans for any reason prior to the day of departure. This agreement does not cover you if you choose to cancel partial tour components. If you cancel partial tour components, you will be subject to revision fees and incurred penalties.

Service Information:

(1) Military Service: () USMC () USA () USN () USAF

(2) Veteran of: () Vietnam () Korea () Cold War () WWII () GWOT () other ()

(3) Areas of Operations/Firebases/Bases: _____ (4) Dates Served: _____

Tour Information:

(1) Special Requests (Dietary, Mobility, etc.): _____

(2) Health (Concerns pertinent to traveling. This information is needed for your safety during travel):

(3) Have you traveled with MHT before (Tour & Date): _____

(4) If traveling with friends on the same tour, please list their names: _____

Check appropriate blocks:

() Smoking () Non-smoking

() Willing to share room* () I wish to room alone, Please bill me for the single room supplement

**(Note: If we are unable to match you with a roommate, the single supplement will apply.)*

NOTE: A deposit of \$500 per person due upon reservation. Reservations are made on a first come, first served basis. Payment may be made by check, money order or credit card. Deposits are fully refundable, less \$250 administrative handling fee, until 90 days prior to the tour date. The final payment is due 90 days prior to the date of departure. We strongly suggest that you make a copy of both sides of this form for your own records.

PLEASE MAKE CHECKS PAYABLE TO: IJAA's Tour Partner-Military Historical Tours () Check () Credit Card

Deposit Amount: \$ 500 x () per person = _____ Pre/Post Tour Deposit Amount: \$ 200 x () per person = _____

Total amount enclosed: \$ _____

Credit Card: () American Express () MasterCard () Visa () Discovery

Cardholder Name: (if paying by Credit Card): _____

Cardholder Billing Address: Check if address is the same as page 1 _____

Cardholder Phone: Check if address is the same as page 1 () _____ Amount Charged: \$ _____

Credit Card Number: _____ 3-digit code: _____ Expiration Date: _____
M M Y Y

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

Date: _____

I agree to pay according to the card issuer agreement. I understand and accept MHT's cancellation policy, terms and conditions. See <http://www.miltours.com/terms-and-conditions> for full terms and conditions of your purchase.

Important Conditions: Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees.

Please Mail Registration Form to IJAA's Travel Partner - Military Historical Tours

13198 Centerpointe Way, Suite 202 Woodbridge, Virginia 22193-5285

Phone: 703-590-1295 • Fax: 703-590-1292

E-mail: mhtours@miltours.com • Website: www.miltours.com

07/11/18 – IJAA

Lest we forget...



Marines from the 23rd Regiment establish their command post at the foot of Mt Suribachi and the turnaround at Airfield #1 on Iwo Jima in February 1945—NARA



The battle of Iwo Jima is recognized around the world as one of the most brutal struggles in the most costly war in history. For thirty-six days, over 70,000 US Marines and Sailors, aided by tens of thousands of Airmen and Sailors at sea, fought a tooth and nail battle against the 22,000 Japanese defenders led by LtGen Tadamichi Kuribayashi. This titanic struggle, waged on eight square miles of volcanic soil and hellish terrain, has captured the imagination of generations since the battle.

As we move forward into the future, the spirit of those who fought so gallantly for the principles of our nation and to preserve democracy and free those oppressed by tyranny, cannot be forgotten. The Iwo Jima Association of America, Inc. is committed to perpetuating this spirit into the future and ensuring, long after the last Iwo Jima Veteran has gone, that future generations remember Iwo Jima.

So, if you are a veteran of the battle of Iwo Jima, a proud family member of a veteran; living or deceased, or have always had a passionate interest in the battle, we invite you to join as charter members of the only association dedicated to the battle of Iwo Jima.

Gather with us at events such as our yearly reunion and historical symposium, Memorial services, as well as our yearly pilgrimage to Iwo Jima each March.

Members will have exclusive access to special information on our website and will receive our semi-annual newsletter full of interesting information, articles and updates regarding Iwo Jima.

Why an association?

The Iwo Jima Association of America, was formed twenty-five years ago as the Combat Veterans of Iwo Jima (CVIJ) to coordinate reunions on the East Coast for the veterans of Iwo Jima, and was incorporated in 2004 as a non-profit, 501(c) (19) organization under IRS regulations. Our mission is to preserve and perpetuate the service and sacrifice of those who fought on, over and around Iwo Jima during the battle. Beginning in 2006, our founder, Major General Fred Haynes, USMC (Ret) decided that to better serve the Iwo Jima community and preserve the history of the battle, the organization needed to transform into an association of those who share these same goals and become the IJAA that in 2009 was redesignated a non-profit, 501(c) (3) organization under IRS regulations.

Membership

Membership is open to honorably discharged members of the armed forces of the United States who served on, over or around the Island of Iwo Jima in support of Operation Detachment between June, 1944 and June, 1946. Direct Descendants of those veterans, living or deceased are welcome as members. Those with an interest in the battle and in preserving its history are eligible for associate membership in the organization.

MEMBERSHIP APPLICATION

I hereby make application for membership in the Iwo Jima Association of America, Inc. If applying for full membership, I certify by my signature that I am either a Veteran of the battle or a Legacy Family Member as a direct descendant of an Iwo Jima Veteran.

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Full Membership – Iwo Jima Veteran | \$15.00 |
| <input type="checkbox"/> | Full Membership – Legacy Family Member | \$25.00 |
| <input type="checkbox"/> | Associate Member | \$25.00 |

Membership Mailing Information: Same as Tour Registration

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: () Male () Female Date of Birth: (month/day/year) _____

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

Phone: (____) _____ Cell: (____) _____ Email Address: _____

Method of Payment: Check for a total of \$ _____

Signature: _____ Date: _____

Mail Membership Application to: Iwo Jima Association of America, Inc

P.O Box 680 Quantico, VA 22134

Phone: 703-212-8128 Fax: 703-590-1292

e-mail: Director@IwoJimaAssociation.org

website: www.IwoJimaAssociation.org

A 501 (c) (3) veterans organization