

2023 Annual Convention

February 9-11, 2023

Williamsburg, Virginia

_____	Registration @ \$35.00 each (please list attendees on reverse side of this form)	\$ _____
_____	Youth Registration (12 & under) (please list youth on reverse side of this form)	\$ FREE
_____	Thursday Morning Tour #1 - Mariners' Museum - 9:30 am - 12 noon @ \$20.00 each	\$ _____
_____	Thursday Morning Tour #2 - American Revolution Museum at Yorktown - 9 am - 11 am @ \$19.00 each	\$ _____
_____	Thursday Afternoon Tour #3 - Colonial Williamsburg - 1:30 pm - 4:45 pm @ \$35.00 each	\$ _____
_____	Thursday Afternoon Tour #4 - Sherwood Forest Plantation - 2 pm - 4 pm @ \$36.00 each	\$ _____
_____	Thursday Evening Board of Directors Welcome Reception - Pizza Party @ \$20.00 each - everyone welcome	\$ _____
_____	Friday Morning American Heart Association CPR certification course - 8:30 am - 11:30 am @ \$19.00 each	\$ _____
_____	Friday Luncheon hosted by First Lady Denise Tuck @ \$35.00 each - everyone welcome	\$ _____
_____	Friday Evening Buffet hosted by AACA Regions and Chapters @ \$55.00 each - everyone welcome.....	\$ _____
_____	Saturday Awards Banquet - choose _____ Sliced New York Strip Steak or _____ Crab Cakes @ \$65.00 each	\$ _____
_____	Saturday Awards Banquet Youth (12 & under) @ \$15.00 each	\$ _____
	TOTAL.....	\$ _____

Please make checks payable to AACA and mail to: Pat Buckley, 800 W. Hersheypark Dr., Hershey, PA 17033
717-534-1910; pbuckley@aaca.org

SASE for Registration Confirmation

Registration & Refund Deadline: January 25, 2023

Credit Card Information (VISA/Mastercard/Discover):

Account No: _____ Exp Date _____ CV # _____

AACA Member # _____

Member Name _____

Signature _____

Address _____

Cell _____

City _____, State _____ Zip _____

Email _____

2023 Membership dues must be paid prior to registering.

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List of attendees:

Member # _____ Name _____ City _____ State _____

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Member # _____ Name _____ City _____ State _____

List of youth attendees (12 & under):

Age _____ Name _____ City _____ State _____

Age _____ Name _____ City _____ State _____

Age _____ Name _____ City _____ State _____

List allergies or special meal requests:
