

32nd Annual

TRIBUTE TO WOMEN IN THE MILITARY



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“Celebrating & Honoring Military Women in all Branches of Service”

As follows:

ARMY at our 2016 Event - MARINES at our 2017 Event - NAVY at our 2018 Event
AIR FORCE at our 2019 Event - COAST GUARD at our 2020 Event

Friday, 3 March 2017

At

American Legion Post 49

11005 Central Ave NE • Albuquerque, New Mexico

0800 hrs - Registration Opens, Exhibits, Refreshments,
Networking

0900 hrs - Opening Ceremonies

0930 hrs - Morning Entertainment

1130 hrs - Luncheon

Keynote Speaker

Dr. Betty Moseley Brown

**Associate Director of VA Center for Women Veterans
Department of Veteran Affairs, Washington, D.C.**

Tribute XXXII Chair: Diana Wong, USAF (Ret) (575) 640-3042

Registration Info: Ms. Ethel Tilley (505) 853-1718

www.TributeToWomenInTheMilitary.org

REGISTRATION FORM
MUST BE RECEIVED BY 21 FEBRUARY 2017

REGISTRATION FORM (PRINT CLEARLY)

ONLY ONE NAME TO A FORM. MAKE A COPY FOR ADDITIONAL ATTENDEES or COPY ALL INFO BELOW TO A SEPARATE SHEET OF PAPER.

- FREE for World War II Veterans (must fill out form & indicate as WWII vet)**
- \$ 20 - Registration must be received by 21 February 2017** (must register to enter event)
- \$ _____ – Contribution to the Tribute** (Please indicate if it is in honor of/memory of someone)
- In Honor of (living) _____
- In Memory of (deceased) _____

Total Amount Enclosed: \$_____ Payable to WOMEN IN THE MILITARY
 Checks or money orders only. DO NOT MAIL CASH.

The TRIBUTE is a private organization and is unable to accept credit cards.

* Indicate any additional names if included in your check payment:

_____.

NAME (first, MI, last) & Rank:	E-mail address: (print clearly)
ADDRESS: Is this a change? <input type="checkbox"/> Yes <input type="checkbox"/> No Street: Space/Apt #: City, State, ZIP:	ERA (circle applicable): WWII Korea Cold War Vietnam Gulf 1 OIF/OEF BRANCH (circle applicable): AIR FORCE ARMY NAVY USMC CG PHS NOAA STATUS (circle applicable): AD Reserve Guard Civilian Retired Veteran (not retired) Other _____
PROVIDE COMPLETE 10-DIGIT NUMBERS Work/Daytime Phone: () Evening Phone: ()	Please select your lunch entrée (check one): <input type="checkbox"/> Roast Beef <input type="checkbox"/> Baked Chicken <input type="checkbox"/> Vegetable Alfredo (FYI: Lent on 3 Mar 2017)
<u>THOSE WITH SPECIAL NEEDS/CAREGIVERS:</u> If you have a caregiver who will be accompanying you, you will need to fill out a registration form and pay for that person as well.	Is this your first TRIBUTE: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an Exhibit Table: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Exhibit: (if you checked yes)
Please mail registration form with check or money order (<u>no cash</u>) by 21 February 2017 to: Check#: _____ Date Rcv'd: _____	WOMEN IN THE MILITARY P O BOX 91775 Albuquerque NM 87199-1775