

Additional Information

• Please list any special needs and we will do our best to accommodate. Individuals requiring wheelchairs or walkers are requested to bring their own. Please note if you will need a volunteer to assist you and you do not have a family member or friend who can help.

Require volunteer assistance _____ Yes

Other special needs _____

• It is likely that media representatives will be interested in interviewing the WASP. Please check the block below and, if possible, provide a cell phone number or information where you can be contacted while at the celebration.

_____ Yes, I will speak to the media. Contact info _____

Payment Information

I am paying by: _____ Check/Money Order (payable to the Women's Memorial Fdn) _____ Credit

Name on Card: _____ Expiration Date: _____

Card Number: _____

Card Type: _____ AMEX _____ MC _____ VISA _____ DISCOVER

Signature: _____

It is only necessary to forward one (1) Reservation Form per WASP family group.

Please return this form and your payment by fax to 703-931-4208, by Feb. 26, 2010, or sooner if possible.

If you are not able to return by fax, please mail to:

**Women's Memorial Foundation
200 N Glebe Rd, Suite 400
Arlington, VA 22203-3728**

