|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| cid:_2_064BBACC064BB860004CF99D85257D1D | **PENNSYLVANIA STATE POLICE 110TH ANNIVERSARY**  **May 1 and 2, 2015 – Registration Form – Please Print Clearly**  **REGISTRATION FORMS POSTMARKED PRIOR TO JANUARY 2, 2015**  **WILL NOT BE ACCEPTED!** | | | | | | | | | | | | | | | | cid:_2_064BBACC064BB860004CF99D85257D1D | | |
|  | | | | | | | | | | | | | | | | | | | |
| **PSP Member/Civilian/HEMC Member Information** | | | | | | | | | | | | | | | | | | | |
| Full Name  (first, middle, last, and suffix, if any) | | | | | |  | | | | | | | | | | | | | |
| Affiliation | | PSP  Active | PSP  Retired | | | | HEMC  Member | | | Date of  Retirement | | |  | | Date of Hire/  Enlistment | | | |  |
| Rank/Title  (current or at retirement) | | |  | | | | | | | Troop/Bureau/Office  (current or at retirement) | | | | |  | | | | |
| Mailing Address (street) | | |  | | | | | | | | | | | | | | | | |
| Mailing Address (city) | | |  | | | | | | | | | | | | | | | | |
| Mailing Address (state) | | |  | | | | | | | | | | | | Zip Code | | | |  |
| Home Telephone | | | ( ) | | | | | | | Cellular Telephone | | | | | ( ) | | | | |
| e-Mail Address | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Guest(s) Information – please complete if you will be bringing a guest(s) – use reverse side of form, if needed** | | | | | | | | | | | | | | | | | | | |
| Guest Full Name  (first, middle, last, and suffix, if any) | | | | | |  | | | | | | | | | | | | | |
| Guest PSP Affiliation  (if any) | | | HEMC  Member | | | | | | PSP Active | | | PSP Retired | | | | Non-PSP | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Activities and Costs** **- indicate number of attendees** | | | | | | | | | | | | | | | | | | | |
| Activity | | | | | | | | Cost | | PSP Personnel | | | | Guest(s) | | | | Total Cost | |
| **May 1, 2015**  Friday Night Reception hosted by **PSTA**  Hors D’oeuvres and Cash Bar (7 to 9 PM)  240 participants only (first come, first served) | | | | | | | | $20 per person | |  | | | |  | | | |  | |
| **May 2, 2015**  Saturday Evening Banquet  *\*\*\*Tickets are available only to HEMC Members*  *or PSP Active or Retired Personnel*  500 participants only (first come, first served) | | | | | | | | $70 per person | | Meal Selection    Regular  Meal    Vegetarian | | | | Meal Selection    Regular  Meal    Vegetarian | | | |  | |
| **Total Cost of Selected Activities** | | | | | | | | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | | | |
| Mail completed registration form with check or money order payable to:  **PSP –** **HEMC (110th)**  187 East Hershey Park Drive  Hershey, PA 17033 | | | | Contact us: 717-534-0565  E-Mail:  [psphemc@psp-hemc.org](mailto:psphemc@psp-hemc.org) | | | | | | | **Cancelled checks will serve as your confirmation to events** | | | | Committee  Use Only | | | | Table # |
| **Special Accommodation Request** | | | | | No | | | | Yes (a member of the Committee may contact you to discuss  your request, so please be sure to include contact information  above) | | | | | | | | | | |
| **Group Seating Request** | | | | | No | | | | Yes (a registration form for each party must be submitted as a  group, up to a maximum of 10 per table, to ensure your request is  honored) | | | | | | | | | | |