

**\* 2017 North Carolina Council of Chapters \*  
\* State Convention \***



**Williamsburg Lodge, Williamsburg, VA  
September 7-10, 2017**

<b>Price: \$1570/couple; \$1270/single (All inclusive – No Surprises!)</b>	<b>Deposit: \$350/person + optional cancellation insurance</b>
<b>Total due: July 14, 2017</b>	<b>Deposit Due: May 31, 2017</b>
<u>Activities (Complete lodging/services/meals):</u> 3 nights lodging at Colonial Williamsburg Lodge Unlimited access to all Colonial Williamsburg Attractions Complementary Guest Parking Complimentary Wi-Fi Unlimited Shuttle services around the Revolutionary City <u>Meals:</u> September 7 <sup>th</sup> - Welcome Reception w/ open bar and Plated Dinner September 8 <sup>th</sup> - Breakfast and Plated Dinner at a Historic Tavern of your choice September 9 <sup>th</sup> - Breakfast and Plated Dinner with open bar September 10 <sup>th</sup> - Breakfast <u>Special entertainment:</u> Briefing by Williamsburg Guides Complimentary Bicycle Rental (2 hours) Free Tennis (1 hour court time) Free Golf Clinic (30 minutes) Access to spa, fitness center, group exercise classes and resort pools	Special rates for additional family members and guests 10% Purchase Discounts at official Colonial Williamsburg Stores Special rates for Travel and Cancellation Insurance Travel and Cancellation Insurance (Trip cancellation, emergency medical): \$61/person (under age 60) \$95/person (under age 75) \$128 per person (76+) <u>Cancellation Fee: (without travel insurance protection):</u> After May 15, 2017 - 75% of payments made After June 19, 2017 - 100% of payments made

**Complete reservation form and send to:**

Lt Col George Brudzinski, USMC, Ret., NCCOC Treasurer

Mailing address: P.O. Box 3753, Boone, NC 28607 ● E-mail: 17george@bellsouth.net

## Registration Form:

Name:	
DOB (mmddyear) *	
Rank/Service/Status:	
Spouse/Guest Name:	
DOB (mmddyear) *	
NCCOC Chapter:	
Address:	
Special Room, Dietary, Other needs	
Telephone:	(    )
E-mail:	
* <i>DOB required for Optional Insurance</i>	<input type="checkbox"/> Yes, I would like to insure my trip against unforeseen emergencies or medical issues <input type="checkbox"/> No, I will travel without insurance

### Payment Invoice *(cash or check only, credit payments not accepted)*

A. Total cost - \$1570 (Couple) / \$1270 (single): .....	\$
B. Deposit - \$350/person (due NLT May 31, 2017): .....	\$
C. Optional Insurance - \$61.00/person (60 and under): .....	\$
\$95.00/person (60 to 75): .....	\$
\$128.00/person (76 and older): .....	\$
D. No insurance elected: .....	\$0.00
E. Total amount remitted (A + C): .....	\$
F. Balance (A – B) (due NLT July 14, 2017): .....	\$

Need more information? CAPT Doug Ehrhardt, USN (Ret.), NCCOC President, [info@newrivermoaa.org](mailto:info@newrivermoaa.org), (240) 672-8496

Please send completed form with payment to: George Brudzinski, PO Box 3753, Boone, NC 28607