

**PROPOSAL FOR THE USAF PERSONAL/SURVIVAL EQUIPMENT, &
AIRCREW LIFE SUPPORT/AIRCREW FLIGHT EQUIPMENT
(PE/SE/ALS/AFE) REUNION**

Attendees would arrive on Monday and depart on Friday during a week in June or July
(Other months are up for consideration)

This proposal is for reunions to be held in the following two years: _____

1. NAME OF HOTEL/CASINO: _____

2. ADDRESS OF HOTEL/CASINO: _____

3. COST OF LODGING FOR 25- 40 ROOMS: DBL OCC: _____ A SUITE: _____

4. IS COMPLIMENTARY BREAKFAST AVAILABLE? _____

5. IS COMPLEMENTARY INTERNET AVAILABLE? _____

6. IS FREE PARKING AVAILABLE? _____

7. IS A COMPLIMENTARY AIRPORT SHUTTLE AVAILABLE? _____

8. ARE COMPLIMENTARY ROOMS OFFERED? _____

9. IS COMPLIMENTARY BANQUET SPACE OFFERED? _____

10. COST OF HOSPITALITY ROOM/SUITE PER NIGHT (MON/TUE/WED) FOR 50-75 PEOPLE OR IS IT
COMPLEMENTARY? _____

11. ARE WE ALLOWED TO BRING OUR OWN FOOD/DRINKS INTO THE HOSPITALITY ROOM? _____

12. COST OF MEETING SPACE FOR TUESDAY MORNING FOR 50- 75 PEOPLE OR IS IT COMPLEMENTARY?

13. NAME OF THE CONTACT AT THE HOTEL FOR ADDITIONAL INFO: _____

14. PHONE NUMBER OF HOTEL CONTACT: _____

15. EMAIL ADDRESS OF HOTEL CONTACT: _____

16. NAME OF THE ALS/AFE MEMBER SUBMITTING THIS PROPOSAL: _____

17. ALS/AFE MEMBER'S E-MAIL ADDRESS: _____

USE THE REVERSE SIDE TO EXPAND ON ANY ITEM NUMBER ABOVE OR FOR ANY REMARKS/COMMENTS YOU MAY HAVE.

