2017 SYMPOSIUM REGISTRATION FORM

Number Attending ________ Name (1) _____________________________________________

Name (2) ___________________________ Name (3) _____________________________

Mailing Address ____________________________________________________________

__________________________________________________________________________

Daytime Phone _____________________ Email ____________________________________

Member of the ACWM or donor to the LVA? _____ yes _____ no

Amount enclosed $ ________ (Member/Donor: $40 ea., Students $20, Others: $60)

Make checks payable to: The American Civil War Museum

LUNCH MENU CHOICES (included in admission fee): Sandwich and side, dessert, and a 12-ounce drink
For multiple registrations on this form, please match registrant (by number above) with choices below.
(Lunch orders not possible after February 21, 2017)

Sandwich Choices (check one per registrant)

____ “All Natural” (Cheese and vegetable on whole wheat) with macaroni salad

____ Chicken Salad on flaky croissant with pasta salad

____ Italian Cold Cut on sub roll with potato salad

____ Roast Beef and Cheddar on Kaiser roll with pasta salad

____ Turkey and Swiss on whole wheat with pasta salad

____ Virginia Ham and Swiss on thick-cut white country bread with macaroni salad

Desserts (check one per registrant)

____ Chocolate chip cookie

____ Oatmeal cookie

MAIL FORM TO:
The American Civil War Museum
1201 E. Clay St., Richmond, VA 23219
Attn: John M. Coski