

**100TH INF BN/442ND RCT/MIS/1399 VETERANS & FAMILIES & FRIENDS NISEI
VETERANS (FFNV)
LAS VEGAS MINI REUNION 2017**

HOSTS: FFNV (FRIENDS AND FAMILIES OF NISEI VETERANS)

Location: California Hotel & Casino

DATE: OCTOBER 15 TO OCTOBER 20, 2017 (5 nights)

Sunday, October 15th Honolulu Las Vegas Omni 101 2:05pm 10:45pm
Friday, October 20th Las Vegas Honolulu Omni 112 9:00am 12:20pm

The group discount cost of \$799 per person based on double occupancy includes the airfare from Honolulu, hotel (5 nites), transfers, meal coupons and airport taxes. Single person is \$882. We strongly recommend that you buy the cancellation insurance at \$49.00 per person since in our "golden years" we are more susceptible to illnesses or accidents. For those who want to sit in the first class seats, there is an additional cost of \$500 per person. There are premium seats on this plane at an additional cost of \$50. So please let me know if you are interested. As of January 1, 2012 there is a charge of \$25 per bag up to two bags for coach and premium. First class are allowed two free bags.

This year again we are joining with Lawson Sakai's Friends and Families Group. It was so enjoyable and fun. You'll be able to meet friends and families of the 100th, 442nd, MIS, 1399 and other friends. There will be a welcome banquet on Monday nite and a farewell banquet luncheon on Wednesday. We'll as usual have our own Hospitality Room. We have several days of slot tournaments, shopping excursions and of course all the gambling you wish for.

Payment deadline is Tuesday, August 8th. Any questions, call Ann Kabasawa at 781-8540 or e-mail at diverseinnovations@hawaii.rr.com or diverseinnov@gmail.com. ALL ARE WELCOME TO COME AND HAVE FUN!!!!

.....Please clip here and return with your deposit.....

**100TH INF BN/442ND RCT/MIS/1399 VETERANS, FAMILIES & FRIENDS
REGISTRATION FORM**

LAS VEGAS OCTOBER 15- OCTOBER 20, 2017

NAME*.....COMPANION*.....

*EXACT NAME ON THE ID THAT YOU WILL BE USING TO TRAVEL

DATE OF BIRTH _____ COMPANION DATE OF BIRTH _____

ADDRESS.....

TELEPHONE.....CELLPHONE.....

E-MAIL.....

In case of emergency, please notify:

Name..... Phone.....

Relationship.....

Boyd Rewards #.....

Premium _____ First Class _____

Deposit of \$150 per person \$ _____

First Class additional \$500 or Premium \$50.00 \$ _____

Optional insurance of \$49.00 per person \$ _____

Payment must be by cash or check TOTAL ENCLOSED \$ _____

Please make check payable to:

SIGNATURE _____

DIVERSE INNOVATIONS

847 20TH AVENUE

HONOLULU, HI 96816-4528

REMARKS.....