



**REGISTRATION FORM
ECLIPSE WEEK
31 Mar - 5 April 2008**

Name (Include Rank & Full Name) _____

Day Phone# _____ *Fax#* _____

E-mail Address _____

Business Address _____

Please note: The \$60.00 registration fee must be paid upon arrival at the Eclipse Weekend Check-In Desk located in Hamilton Hall, Suite 104.

The registration fee includes:
Opening Reception Refreshments
Breakfast Meeting
Cultural Dinner
Special Events

I plan to arrive (date and time) _____

I plan to depart (date and time) _____

Please circle one: I will reserve a room at the Holiday Inn Yes No
(Rooms held until 21 March – call directly to make reservations- 860-442-0631)

I am interested in mentoring a current cadet Yes No

Please return registration form by 28 March 2008
to

**Superintendent (scr)
USCG Academy
Attention: Mr. Ken Hunter
15 Mohegan Avenue
New London, CT 06320
Kenneth.B.Hunter@uscga.edu
(860) 444-8269**

or

**Colleen.P.Jones@uscg.mil
(860) 444-8529 Voice
(860) 444-8323 Fax**