Naval Historical Foundation Knox Awards Dinner
September 15, 2017
Hilton Doubletree Hotel | Annapolis, MD
6:00 p.m. – 9:30 p.m.

Dinner Reservation Form

Please include this form with your check and send it to: P.O. Box 15304 Washington, DC 20003. If you have questions about the Knox Awards Dinner, contact Dr. David Winkler at dwinkler@navyhistory.org.

______ Dinner Tickets ($85)

Ticket # 1
Prefix: ____ First Name: ___________________________ Last Name: ___________________________
Suffix: ____ NHF Member? YES ____ NO ____ Email Address: ________________________________

Other Information:
Military Rank (if applicable): __________________________ Status: Active ____ Retired ____ Veteran ____
Company: ___________________________ Job Title: ___________________________

Dinner Choice:
______ Grilled Salmon with Lemon Butter
______ Petit Filet Mignon
______ Pesto Roasted Vegetables with Mushroom Risotto (Vegetarian)

Ticket # 2
Prefix: ____ First Name: ___________________________ Last Name: ___________________________
Suffix: ____ NHF Member? YES ____ NO ____ Email Address: ________________________________

Other Information:
Military Rank (if applicable): __________________________ Status: Active ____ Retired ____ Veteran ____
Company: ___________________________ Job Title: ___________________________

Dinner Choice:
______ Grilled Salmon with Lemon Butter
______ Petit Filet Mignon
______ Pesto Roasted Vegetables with Mushroom Risotto (Vegetarian)
Ticket # 3
Prefix: ___ First Name: ________________________ Last Name: ________________________
Suffix: ___ NHF Member? YES ___ NO ___ Email Address: ________________________________

Other Information:
Military Rank (if applicable): __________________________ Status: Active ___ Retired ___ Veteran ___
Company: ____________________________ Job Title: ________________________________

Dinner Choice:
_____ Grilled Salmon with Lemon Butter
_____ Petit Filet Mignon
_____ Pesto Roasted Vegetables with Mushroom Risotto (Vegetarian)

Ticket # 4
Prefix: ___ First Name: ________________________ Last Name: ________________________
Suffix: ___ NHF Member? YES ___ NO ___ Email Address: ________________________________

Other Information:
Military Rank (if applicable): __________________________ Status: Active ___ Retired ___ Veteran ___
Company: ____________________________ Job Title: ________________________________

Dinner Choice:
_____ Grilled Salmon with Lemon Butter
_____ Petit Filet Mignon
_____ Pesto Roasted Vegetables with Mushroom Risotto (Vegetarian)

Ticket # 5
Prefix: ___ First Name: ________________________ Last Name: ________________________
Suffix: ___ NHF Member? YES ___ NO ___ Email Address: ________________________________

Other Information:
Military Rank (if applicable): __________________________ Status: Active ___ Retired ___ Veteran ___
Company: ____________________________ Job Title: ________________________________

Dinner Choice:
_____ Grilled Salmon with Lemon Butter
_____ Petit Filet Mignon
_____ Pesto Roasted Vegetables with Mushroom Risotto (Vegetarian)

For additional dinner guests, please download and print additional forms. Thank You.