



Farewell DESA Reunion

16 - 18 June 2023

Albany, New York

Friday 16 June:

1500 - 2000: Check into Hilton Garden Inn
1630 - 1800: DESA Registration Fireside Atrium
1630 - 2000: Wine & Cheese Reception
2000 - 2200: Hospitality Room open

Saturday 17 June:

0700 - 0800: Breakfast at hotel
0815 - 0830: Shuttle to SLATER
0830 - 0930: SLATER tour
1000 - 1100: DE Day Ceremony
1200 - 1400: Dutch Apple Cruise & Lunch
1400 - 1415: Shuttle to hotel
1400 - 2200: Hospitality Room open
1700 - 1900: Dinner on your own

Sunday 18 June:

0700 - 0800: Breakfast at hotel
0800 - 2200: Hospitality Room open
0930 - 0945: Shuttle to SLATER (0930, 1215, 1530)
0900 - 1600: SLATER Tours
1215 - 1230: Shuttle to hotel (1200, 1630)
1600 - 1630: DESA Flag Ceremony
1630 - 1645: Shuttle to hotel
1800 - 2000: Farewell Banquet & Cocktails

Monday 19 June:

0700 - 0800: Breakfast at hotel
0800 - 1200: Departure

Keep this form for your planning.



Farewell DESA Reunion

*16 - 18 June 2023
Albany, New York*

Registration Fees:

Single - \$200.00 Couple - \$300.00

Your registration includes:

- Wine and Cheese Reception Friday evening
- Breakfast Saturday, Sunday, & Monday morning
- Open gangway policy all weekend
- DE Day Ceremony
- Cruise aboard Dutch Apple Saturday afternoon
- Lunch aboard Dutch Apple
- Dinner & Banquet at hotel Sunday evening

To reserve your hotel room:

- Call the hotel: 877-782-9444
- Ask to book at the Hilton Garden Inn Albany Med
- Under the group block Farewell DESA
- Use code DESA for the special group rate of \$165.30 per room, per night. This total includes taxes and fees.

Hotel contact info:

**Hilton Garden Inn, Albany Medical Center
62 New Scotland Ave.
Albany, NY 12208
518-396-3500**

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***Return this form to USS SLATER by mail or email
with payment by credit card or check.***

Member Name: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Name of Spouse or Guest: _____

Email Address: _____

Phone No: _____

Name of your ship(s): _____

Registration Fees:

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Any food allergies? _____

Food Choice for banquet:

Chicken _____

Beef _____

Fish _____

Vegetarian _____



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Please accept my: Enclosed Check Credit Card for the amount \$ _____

Name: _____

Card No: _____

Expiration: _____ CVV: _____ Zip Code: _____

***Return this form to USS SLATER by mail (PO Box 1926, Albany, NY 12201)
or email (info@usslater.org)
with payment by credit card or check before 17 May 2023.***

