

You're Invited!

2027 Mid-Year Conference with Donna Mills

February 2 – February 7, 2027

Majestic Mirage All-Inclusive Resort

Punta Cana, Dominican Republic



Included in Your Package:

- Roundtrip transfers between the airport and resort (for air purchased through VTS)
- Five nights at an all-inclusive resort (meals and beverages included), with options to add extra nights
- Two exclusive cocktail receptions for the VFW Auxiliary

Reserve Your Spot Today!

Reservations may be arranged through:



Veterans Travel Service, Inc.

406 W 34th Street, Suite 106

Kansas City, MO 64111

Telephone: 800-325-9377

Email: val@vtstvl.com

VFW Auxiliary Mid-Year Conference 2027

February 2-7, 2027

Majestic Mirage, Punta Cana

Sign-up sheet

The deadline to sign up is November 1. All unsold spaces will be released after that date

Please indicate the conference you are affiliated with: _____ State: _____

U.S. Citizens Traveling to the Dominican Republic

A valid passport book is required.

All travelers must provide their full legal names, exactly as shown on their government-issued ID, including any middle names or initials.

If you are requesting or renewing a passport, please fill out your name exactly as it will appear on the passport. If you do not have a passport number yet, write "PENDING" in the passport number field.

If the name on your reservation doesn't match your passport, you risk being denied boarding and possibly being refused hotel check-in.

All forms must be completed in full. Incomplete forms will not be accepted.

1. Name: _____ Passport # _____
Date of Birth: _____ Exp # _____
2. Name: _____ Passport # _____
Date of Birth: _____ Exp # _____
3. Name: _____ Passport # _____
Date of Birth: _____ Exp # _____

Names preferred on name tags: (First and last)

1. _____
2. _____
3. _____

Notice: Only **one** package will be delivered per room.
Kindly select a **designated** recipient for your room.

Mailing Address:

Documents are sent via UPS, so please provide your full street address.

No P.O. Boxes, please.

Name: _____

Street: _____

City, State, ZIP: _____

Phone numbers: Home: _____ Cell: _____

Email address: _____

The rates listed below are determined by category; all rooms will be allocated on a first-come, first-served basis. Please submit your forms to VTS as early as possible.

These rates include round-trip transfers to and from Punta Cana Airport and five nights at the adult-only Majestic Mirage Punta Cana all-inclusive resort. Transfers are included for guests who have purchased airfare through Veterans Travel. For those utilizing miles, round-trip transfers may be purchased for \$50.00.

If you wish to arrive earlier or extend your stay, please contact VTS directly for assistance. While no additional space is reserved, various options are available. For further information, please call (800) 325-9377.

The Majestic Mirage is made up of six buildings. Two of these are family buildings, but families cannot access the areas reserved for the VFW Auxiliary adults-only room block.

Majestic Mirage Room Types & Rates

Requested room type— subject to availability until deposit is received.

All bedding requests are subject to availability. Please note that resorts have a limited number of rooms with two beds, and specific configurations cannot be guaranteed.

One Bedroom Suite with Outdoor Jacuzzi

- **Double Occupancy:** \$1,399.20 per person _____
- **Single Occupancy:** \$2,422.35 per person _____
- **Triple Occupancy:** \$1,331.00 per person _____
- **Preferred bedding:** One King _____ Two doubles _____

Swim Up Suite with Outdoor Jacuzzi

- **Double Occupancy:** \$1,585.40 per person _____
- **Single Occupancy:** \$2,748.20 per person _____
- **Triple Occupancy:** \$1,507.89 per person _____
- **Preferred bedding:** One King _____ Two doubles _____

Guest 1

Credit card type: Mastercard Visa American Express Discover

Card Number: _____ Exp Date: _____ Sec Code: _____

Cardholder Signature: _____ Date: _____

Billing Address: _____

Email address: _____ Phone number: _____

Guest 2

Credit card type: Mastercard Visa American Express Discover

Card Number: _____ Exp Date: _____ Sec Code: _____

Cardholder Signature: _____ Date: _____

Billing Address: _____

Email address: _____ Phone number: _____

Guest 3

Credit card type: Mastercard Visa American Express Discover

Card Number: _____ Exp Date: _____ Sec Code: _____

Cardholder Signature: _____ Date: _____

Billing Address: _____

Email address: _____ Phone number: _____