

US Representative Richard E. Neal

First District, Massachusetts

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**2017 Academy Day**

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| If you wish to learn more about service connected educational and career opportunities, as well as the application procedures for service academies, you are welcome to join Congressman Richard Neal and Representatives from the US Service Academies, Norwich, Mass Maritime and ROTC at an informational meeting. | | | | | | | | | | |
| 2017 Academy Day - Westover Air Reserve Base  Wing Conference Center, Chicopee, Massachusetts  Saturday, April 29, 2017 at 12:30 PM | | | | | | | | | | |
| Security measures at the Base REQUIRE the Full Name, Driver’s License Number and State, Date of Birth and Social Security # for each guest that will be on Base. Therefore, it is necessary that this information be sent to Congressman Neal’s Office by April 3, 2017. This date is set by Westover Security and ***is not flexible***. You can email your completed form to: [Jeanne.Ahern@Mail.House.gov](mailto:Jeanne.Ahern@Mail.House.gov), or fax or mail it to the fax or address listed above. If you should have any questions, please contact my Springfield District Office. | | | | | | | | | | |
| **-------------------------------------------------------------------REGISTRATION DEADLINE: April 3, 2017------------------------------------------------------------**  **STUDENT INFORMATION:** | | | | | | | | | | |
| FULL NAME: | | enter text. | | | | | | | | |
| LICENSE # and STATE | | enter text. | | | SOCIAL SECURITY# | | | | enter text. | |
| ADDRESS: | | Click here to enter text. | | | | | | | | |
| CITY,STATE,ZIP: | | Click here to enter text. | | | | | | | | |
| HOME or CELL PHONE | | enter text. | | DATE OF BIRTH: | | | enter text. | | | |
| EMAIL: | | Click here to enter text. | | | | | | | | |
| HIGH SCHOOL: | | Click here to enter text. | | | | | GRAD YEAR: | | |  |
|  | | | | | | | | | | |
| Please provide the following information for all others over age 18 who will be attending. For attendees under 18, we need only NAME and Date Of Birth. Use the back if necessary | | | | | | | | | | |
| FULL NAME | LICENSE/STATE | | D.O.B | | | HOME or CELL | | SOCIAL SECURITY # | | |
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| **Complete and return by April 3, 2017 to:** | | | | | | | | | | |
| Jeanne B. Ahern | | | | | | | | | | |
| Office of Congressman Richard E. Neal | | | | | | | | | | |
| 300 State Street, Suite 200 | | | | | | | | | | |
| [Jeanne.Ahern@Mail.House.gov](mailto:Jeanne.Ahern@Mail.House.gov) | | | | | | | | | | |
| Phone: (413) 785-0325 FAX: (413) 747-0604 | | | | | | | | | | |