



Rosen Centre Hotel  
 Orlando, FL  
 AUGUST 2 – 9, 2008  
**INDIVIDUAL REGISTRATION FORM**  
 Fax: (301) 459-7924  
 Mail: National Headquarters  
 Attn: National Meeting Planner  
 4647 Forbes Blvd  
 Lanham, MD 20706

Date of Request:

<b>Name:</b>						<b>Title:</b>			
<b>State Department:</b>				<b>Post:</b>					
<b>Phone Number:</b> (    )				<b>Email Address:</b>					
<b>Affiliation:</b> <input type="checkbox"/> AMVETS <input type="checkbox"/> Ladies Auxiliary <input type="checkbox"/> Sons of AMVETS <input type="checkbox"/> Other _____									
<b>Membership Number:</b>		<b>Delegate Type</b>							
		1st Timer	NEC	Alt NEC	Post Del	Post Alternate	State Delegate	State Alt Officer	PNC (\$o Fee)
<b>Pre-Registration</b> May 15 – July 3			\$ 40.00						
<b>General Registration</b> July 4 – August 9			\$ 50.00						
<b>Total Amount Enclosed</b>			\$						
<b>Payment Method</b>	<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> AMX	<input type="checkbox"/> Discover			
<b>Card Number:</b>				<b>Exp Date:</b>	MONTH	YEAR	(3) Digit number on back of card: _____		
<b>Name as it appears on Card:</b>									
<b>Address of cardholder:</b>									
<b>City:</b>				<b>State:</b>		<b>Zip Code:</b>			
<b>Signature:</b>									

Thank you!