



AMVETS GROUP REGISTRATION FORM

SHERATON NEW ORLEANS

August 8 – 15, 2009

Date:

Name of person completing form:						
Title:		State:		Post:		
Phone Number: ()			Email Address:			
Pre-Registration May 20 – July 10, 2009		\$ 40.00				
General Registration July 11 – August 15, 2009		\$ 50.00				
Total Number Registering						
Total Amount Due		\$				
Payment Method	<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
Card Number:			Expiration Date: ____/____ Month Year		Security code: _____	
Name as it appears on Card:						
Address of cardholder:						
City:			State:		Zip Code:	
Signature:						

Please mail or fax both pages to:

AMVETS National Headquarters
Attn: National Meeting Planner
4647 Forbes Blvd
Lanham, MD 20706
Fax: 301.459.7924



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Please complete and mail or fax along with Page 1 to:

AMVETS National Headquarters
 Attn: National Meeting Planner
 4647 Forbes Blvd
 Lanham, MD 20706

Fax: 301.459.7924

	Full Name	Membership No.	Delegate Type (please check below)							
			First Timer	NEC	NEC Alternate	Post Delegate	Post Alternate	State Delegate	State Alternate	PNC (No Fee)
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