

AMVETS 64th National Convention
Rosen Centre Hotel
Orlando, Florida

National Commanders and National Presidents Banquet (NCNP)
Friday, August 8, 2008 ~ 6pm ~ Grand Ballroom

BANQUET TICKET ORDER FORM

DEADLINE TO PURCHASE ADVANCE TICKETS IS TUESDAY, AUGUST 5, 2008

- Banquet tickets are available for purchase NOW.
- Banquet ticket order forms can be downloaded from our website at www.amvets.org.
- Table assignments will be handled on a first-come, first-served basis.
- Tickets SHOULD be purchased in advance to ensure your seating request can be honored.
- No reservations will be processed without total receipt of payment.
- There are 10 seats to a table.
- You may mail or fax your Banquet Ticket Order Form.
- A Banquet Ticket Order Form is attached.
- Banquet tickets are non-refundable.
- You will receive your receipt via the email you provide on the form.
- Please send your completed form along with payment to:

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

Or via Fax at:
Fax (301) 459-7924

**LOG ONTO WWW.AMVETS.ORG WHEN PRE-REGISTRATION OPENS ON MAY 15, 2008
FOR TICKET PICK-UP TIMES DURING THE CONVENTION**

**NATIONAL COMMANDERS & NATIONAL PRESIDENTS
BANQUET TICKET ORDER FORM**

Date of Request:

Name:		Title:	
State Department:		Post:	
Phone Number: ()		Email Address:	
Affiliation: <input type="checkbox"/> AMVETS <input type="checkbox"/> Ladies Auxiliary <input type="checkbox"/> Sons of AMVETS <input type="checkbox"/> Other _____			
Number of Tickets Requested		Are you an AMVETS National Officer and buying tickets for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you planning to sit at the same table? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Price of Each Ticket		\$ 45.00	
Total Amount Enclosed		\$	
Payment Method		<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
If using a credit card, please indicate the type of card		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
		<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Card Number:		Exp Date:	(3) Digit number on back of card: _____
		<small>MONTH</small>	<small>YEAR</small>
Name as it appears on Card:			
Address of cardholder:			
City:		State:	Zip Code:
Signature:			
SEATING PREFERENCE <small>Seating preference is not guaranteed</small>	Front <input type="checkbox"/>	Middle <input type="checkbox"/>	Back <input type="checkbox"/>
	Aisle <input type="checkbox"/>		Center <input type="checkbox"/>
	Against Wall <input type="checkbox"/>		
SPECIAL REQUEST(S)			

Who are you are purchasing tickets for? (If you are buying more than 10 tickets please attach an additional list)

	Full Name	Title	Name of individual picking up this persons ticket?	Special Dietary Needs?	Official Use only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

THANK YOU!