June Convention (June 23-26) Registration Form
(One form per person)

HQ Staff Only:

EX ___ Trans # _____ UPD____

Pre-Registration Fee $15 Door Registration Fee $20

Attending the Banquet **($35 Must Pre-Pay)** Circle Yes or No **Pre-Registration Closes June 20th**

Name_____

(Last) (First) (*Note: Name Tags will be made this way)

Post #_____ OR Auxiliary #_____ Phone #_____

Current Title_____

Mailing? _____ Check # _____ Cash _____ Paying when you get there? (Registration Only) _____

Credit Card #_____Exp. Date _____

CVV Code _____Email _____

Email To: admin@georgiavfw.org **Fax To**: 478-474-6853 **Mail To**: PO Box 3025, Macon, GA 31205

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