

**June Convention (June 17-20) Registration Form  
(One form per person)**

HQ Staff Only: EX ___ Trans # ___ UPD ___
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Pre-Registration Fee \$15      Door Registration Fee \$20

Attending the Banquet **(\$35 Must Pre-Pay) Circle Yes or No**

**Registration Closes June 11<sup>th</sup>**

Name \_\_\_\_\_  
(Last)                      (First)                      (Middle In.)                      (\*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@vfwga.com    **Fax To:** 478-474-6853    **Mail To:** PO Box 3025, Macon, GA 31205

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