

ONE FORM PER ATTENDEE



MAIL THIS FORM AND FULL PAYMENT TO:

Convention Registration
Vietnam Veterans of America
8719 Colesville Road, Suite 100
Silver Spring, MD 20910

FAXED OR E-MAILED REGISTRATIONS
WILL NOT BE ACCEPTED



August 8 - 12, 2023
Orlando, FL

2023 National Convention Registration Form

Name _____
Membership # _____ Chapter Affiliation Number _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email Address _____

REGISTRATION MUST BE POSTMARKED BY
JULY 7, 2023, OR IT WILL BE RETURNED.

AFTER JULY 7, 2023, YOU MAY REGISTER ON
SITE AT THE CONVENTION.

A CANCELLATION FEE OF \$25 WILL BE
INCURRED AFTER JULY 7, 2023.

PAYMENT INFORMATION

Check (Payable to VIETNAM
VETERANS OF AMERICA)
Check Number _____
 Master Card VISA
 Discover American Express
 **Check here if payment is being made
with State Council or chapter credit
card**

Card Number _____

Expiration Date ____/____/____

Signature _____

VVA Delegate Registration

Includes full registration, delegate notebook, name badge,
one (1) convention bag, and all convention materials.
(DOES NOT INCLUDE MEALS & SPECIAL EVENTS)

By 7/7/23: \$75
After 7/7/23: \$150 x 1 = \$ _____

"Welcome Home Party" Meal & Entertainment*

Tuesday, August 8, 2023 \$50 each # _____ = \$ _____

AVVA Luncheon*

Wednesday, August 9, 2023 \$50 each # _____ = \$ _____

Service Representative Breakfast*

Thursday, August 10, 2023 \$30 each # _____ = \$ _____

Women Veterans Breakfast*

Friday, August 11, 2023 \$30 each # _____ = \$ _____

"Friday Night Special" Meal & Entertainment*

Friday, August 11, 2023 \$50 each # _____ = \$ _____

Legislative Coordinator Breakfast*

Saturday, August 12, 2023 \$30 each # _____ = \$ _____

VVA Awards Banquet*

Saturday, August 12, 2023 \$50 each # _____ = \$ _____

VVA Spouse Event*

Thursday, Aug 10, 2023 \$50 each # _____ = \$ _____

***NO REFUNDS ON TICKETS**

TOTAL REGISTRATION & EVENT FEES \$ _____

NAME BADGE

Fill out the information below as you want your name badge to appear.
Maximum 25 characters per field.

FIRST NAME/ INFORMAL NAME _____ LAST NAME _____ SUFFIX _____

CHAPTER/STATE COUNCIL _____ TITLE/POSITION (Optional) _____

CITY _____ STATE _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

FOR DELEGATES ONLY

REPRESENTING CHAPTER # _____ OR _____ STATE COUNCIL

- State Councils or Chapters who are suspended will not have their delegates seated. In order to clear your suspended status, missing financial reports and election reports must be received prior to or on-site at convention in order for you to be credentialed and seated as a delegate at the convention.
- Signature of one (1) chapter officer (if you are representing a chapter) or one (1) state council officer (if you are representing a state council) is required. Delegate registration received without a required signature will not be processed.

OFFICER'S VERIFICATION SIGNATURE

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____