



2026 National Leadership & Education Conference Registration Form August 11 - 15, 2026 Jacksonville, Florida



Name _____

Membership # _____ Life Member Chapter Affiliation Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

PRE-REGISTRATION ENDS JULY 15, 2026.

PLEASE DO NOT MAIL YOUR REGISTRATION FORM AFTER THIS DATE. REGISTRATION AFTER JULY 15 IS \$150.
AFTER JULY 15, 2026, NO REFUNDS WILL BE MADE FOR CANCELLATION OF REGISTRATION.
ANY REFUNDS PRIOR TO JULY 15, 2026, WILL INCUR A \$15 SERVICE CHARGE.

VVA/AVVA Registration

(Does not include meal functions, each must be purchased separately.)

By 7/15/26: \$100
After 7/15/26: \$150 x 1 = \$ _____

Welcome Home Party — Tuesday, August 11, 2026
(Buffet and Entertainment)

\$50 each # _____ = \$ _____

VVA/AVVA Officers Luncheon — Wednesday, August 12, 2026
(Open to Past or Present, Chapter or State Council,
Officers & Board Members + Guests)

\$50 each # _____ = \$ _____

Wednesday Night Event — Wednesday, August 12, 2026
(Buffet and Entertainment)

\$50 each # _____ = \$ _____

AVVA Awards Luncheon — Thursday, August 13, 2026
(AVVA & VVA + Guests Welcomed)

\$50 each # _____ = \$ _____

Friday Night Event — Friday, August 14, 2026
(Buffet and Entertainment)

\$50 each # _____ = \$ _____

VVA Awards Banquet — Saturday, August 15, 2026

\$60 each # _____ = \$ _____

TOTAL \$ _____

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 _____

**Send completed forms
via e-mail to: lc@vva.org**

**Forms may also be mailed to
VVA National Office:**

8719 Colesville Road, Suite 100
Silver Spring, MD 20910
Attn: Leadership
Conference Registration

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