# 2022 Fall Conference Registration Form

**Post # \_\_\_\_\_\_\_\_**

## Delegates fees = $25.00 pre-registration (online no later than October 5th) $30.00 registration at Conference

**The AMVETS Department of Ohio is continuing our online registration. Visit our website at www.ohamvets.org and click on “Events”.** You can register as an individual, or a Post can register all of their delegates at once.

If you or your Post does not wish to register through internet access, you may complete this form and return it with payment to Department Headquarters at: **960 Checkrein Ave Columbus, OH 43229**

or fax to: **614-431-6991** or scan and email to: admin@ohamvets.org.

***All registration forms mailed to the Department must be postmarked by September 30.***

**List below and on reverse ONLY those individuals who are ATTENDING the Conference.**

*PRINT Name Member ID#*

Post Commander: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Delegate:

Post Delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Delegate:

Post Delegate:

Post Delegate:

All registrations are Non-Refundable.

**Note: Do not list any names here that are already listed on the front of this form.**

*PRINT Name Member ID#*

Post Delegates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***PAYMENT:***  # of Delegates \_\_\_\_\_ x $25.00 (pre-reg)=$\_\_\_\_\_\_\_ ***OR*** x $30.00 (reg) = $  **Cash** **Check/Money Order *(payable to AMVETS Department of Ohio)*** Check #  **VISA** **MasterCard** **Discover**  Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXP \_\_\_\_\_\_\_\_\_\_\_  Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_\_\_\_\_  Billing Address for Card:  Email:  *(if you want a transaction receipt)* |