# 2021 Fall Conference Registration Form

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

## Delegates fees = $25.00 pre-registration (online no later than October 13th) $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 October 9.***

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

The offices listed below are in addition to your allowed delegates.

 *PRINT Name Member ID#*

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

Post Adjutant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Elected Officers:

*(SEC Only)*

Past Dept. Commander:

All registrations are Non-Refundable.

**# of additional Post Delegates Allowed:** \_\_\_\_\_\_\_\_\_\_\_

(Number taken from list provided)

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

 *PRINT Name Member ID#*

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

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Post Alternates:

|  |
| --- |
|  ***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)* |