ASSOCIATES OF VIETNAM VETERANS OF AMERICA

2021 CONVENTION REGISTRATION FORM
NOVEMBER 2 – 6, 2021

**ONE ATTENDEE PER FORM
Mail this form and full payment to:
Convention Registration
Assocs. of Vietnam Veterans of America
8719 Colesville Rd. STE 100
Silver Spring MD. 20910

** ALL FIELDS ARE REQUIRED FOR ACCURATE CORRESPONDENCE **

Name: _____   Membership Number: _____

Mailing Address: _____
          Street & number   City   State   Zip

Phone: _____   Email Address: _____

Member in Chapter: _____   or At-Large in (state): _____   Life Member?   Yes   No

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REGISTRATION MUST BE POSTMARKED BY OCTOBER 7, 2021 OR IT WILL BE RETURNED.

FAXED REGISTRATIONS WILL NOT BE ACCEPTED

REGISTRATIONS AFTER OCTOBER 7 MUST BE DONE ON-SITE.

CANCELLATIONS AFTER OCTOBER 7 WILL REQUIRE A FEE OF $25.

	Qty.	Each	Total
AVVA REGISTRATION FEE (Includes 1 convention bag, delegate book, all convention materials; does not include meals) (**Reg. after October 7 will be onsite, and will be $85 per registrant**)	** 1	$65	
Welcome Home Party* (Tues. Nov 2)		$40	
AVVA Luncheon* (Weds Nov 3)		$40	
Service Representative Breakfast* (Thurs Nov 4)		$30	
Women Veterans Breakfast* (Fri Nov 5)		$30	
"Friday Night Special"* (Food and entertainment Fri Nov 5)		$40	
Legislative Coordinator Breakfast* (Sat Nov 6)		$30	
VVA Banquet* (Sat Nov 6)		$50	
TOTAL DUE AND SUBMITTED:			

*No refunds for event tickets. **ADDITONAL CONVENTION BAGS WILL BE AVAILABLE AT THE PRODUCT SALES TABLE ON FIRST COME FIRST SERVE BASIS. SEE THE AVVA WEB SITE FOR MORE DETAILS: (AVVA.ORG).

***DELEGATES MUST ALSO FILL OUT ONE OF THE DELEGATE & STAND-BY ALTERNATE DELEGATE, OR VOTING ALTERNATE REGISTRATION FORMS ***

ID Badge information: (Fill out as you want your badge to read. MAX 25 characters per field - Print clearly)

FIRST NAME: _____   LAST NAME: _____

YOUR CHAPTER/STATE: _____   YOUR TITLE/ POSITION: _____

CITY: _____   STATE: _____

PAYMENT METHOD

CHECK OR MONEY ORDER (Payable to Vietnam Veterans of America).   **CHECK #:** _____

Credit card type: (visa, MC, etc)_____ Expiration Date: _____

Card # _____   Signature: _____