



AMVETS, Department of Florida, Inc.

PRE-REGISTRATION

Rosen Center Hotel
9840 International Drive, Orlando, FL 32819
Phone: 407-996-9840

Post # _____ Prepared BY: _____ Phone #: _____
City: _____

PRE-REGISTRATION: \$10/PERSON, \$15 AT THE CONVENTION

Name: _____

Title: _____ Delegate [] Alternate []

Name: _____

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Title: _____ Delegate [] Alternate []

Name: _____

Title: _____ Delegate [] Alternate []

Name: _____

Title: _____ Delegate [] Alternate []

Forms and checks should be sent to:

**Doris Dixon, Credentials Committee
16136 Gardendale Dr., Tampa, FL 33624
Deadline: October 12, 2017**

MAKE CHECKS PAYABLE TO AMVETS, Department of Florida

PLEASE PRINT OR TYPE CLEARLY



AMVETS, Department of Florida, Inc.

PRE-REGISTRATION- CONT'D

Name: _____

Title: _____ Delegate [] Alternate []

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