



Conference Registration



Check One VFW ☐ Auxiliary ☐

Date: _____

Name: _____

Post & Position: _____

Phone: _____

Email Address: _____

Banquet & Registration - \$60.00 ☐

Registration Only - \$15.00 ☐

Amount Enclosed: _____

Return Check and Registration form to:
VFW Department Headquarters
210 Glassmaster Rd.
Lexington, SC 2072



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