

**SOI Registration Form**

HQ Staff Only:  
Trans#\_\_\_\_\_

**Registration \$10 Per Person**

Name .....

Auxiliary# \_\_\_\_\_

Current Title .....

Paying when you get there? \_\_\_ Zelle \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp Date \_\_\_\_\_

CVV2 Code \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

Email to: admin@georgiavfw.org      Fax to: 478-474-6853      Mail to: PO Box 3025, Macon, GA 31205

**Dates and Locations. Please circle one so we can get a head count for lunch**

- July 13, Post 2785 -Albany
- July 20, Post 660 - Savannah
- August 10, Post 658 - Macon

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