

**86th Annual
LAVFW State Convention
June 18 - 22, 2010
Sacramento, CA**



**DOUBLETREE HOTEL
2001 Point West Way
Sacramento, CA 95815
(916) 929-8855**

2010 LAVFW Convention Chairman
Stephanie Martin, PDP –
Convention Co Chairman “Tootsie” Dougherty





**DEPARTMENT OF CALIFORNIA
STATE CONVENTION**

**Past Dept President
Luncheon
(Invitation Only)**

**\$23.50 per person – (Marinated Tri Tip)
Saturday June 19, 2010 – 12:00–1:30**

See convention schedule for location

Name(s)_____

MAKE CHECK PAYABLE TO LAVFW 2010 Convention

MAIL RESERVATIONS TO:

**Stephanie Martin, Convention Chairman
13233 Cuyamaca Road
Apple Valley, CA 92308**

Deadline: June 1, 2010



**DEPARTMENT OF CALIFORNIA
STATE CONVENTION**

**Convention
Lunch**

**(Open To Everyone – Auxiliary, VFW, Guests)
\$23.50 per person (Pacific Rim Chicken)
Sunday June 20, 2010 – 12:00–1:30**

See convention schedule for location

Name(s)_____ District _____

**(For group seating, please include separate sheet of paper with
all names)**

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Convention Book Ads

Now is the time to place an advertisement for your Auxiliary, Post, District or an individual ad in the 2010 State Convention Book. The deadline for the submission of ads is May 15, 2010.

Please send your copy-ready advertisement with this form to **Stephanie Martin, Convention Chairman, 13233 Cuyamaca Road, Apple Valley, CA 92308**

Prices are as follows:

- Full Page Ad \$100.00
- Half Page Ad \$ 50.00
- Quarter Page Ad \$ 30.00

Your Name: _____

Your Phone Number: _____

Your Auxiliary / Post Number: _____ District #: _____



**LAVFW STATE CONVENTION 2010
JUNE 18-22, 2010**



**DOUBLETREE HOTEL SACRAMENTO
2001 POINT WEST WAY
SACRAMENTO, CALIFORNIA 95815**

Room Rate - \$98.00 per night plus 12.10% tax and \$1.25 fee = \$112.74

DEADLINE FOR RESERVATIONS – MAY 27, 2010

REGISTRATION FORM

King Bed Two Beds

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone # with/Area Code (_____) _____

Share room with: _____

Special Needs?: _____

Post/Aux. # _____ District #: _____

E-mail _____

Accommodation preferences are subject to availability. Your reservation request must be accompanied by credit card guarantee for one night's rate or **check made payable to Doubletree Hotel**. Please print clearly.

CHECK : Made payable to DOUBLETREE

_____ AMOUNT: _____

CREDIT CARD #: _____ EXPIRATION DATE: _____

Visa--M/C—AE—Disc—Other _____ (Circle one)

Signature: _____

Cancellations **MUST** be received at least 72 hours prior to check-in to assure refund of advance deposit and preclude one night's room charge.

Mail reservations to: VFW, Department of California
1510 J Street, Suite 110
Sacramento, CA 95814

Or FAX this form to:
(916) 449-8832