



**SEMINAR REGISTRATION FORM**

**Saturday May 14, 2022**

**10:00 AM to 2:00 PM**

**Registration & Breakfast Begins at 9:00 AM**

**Vouchers or Checks Made Payable to the "S. C. V. F. A."**

**PLEASE PRINT ALL ATTENDEES INFORMATION AND SEND COMPLETED FORM & PAYMENT TO:**

**S. C. V. F. A. "Attention: Seminar Committee" - PO Box 1463, Ronkonkoma, NY 11779**

**Department/District/Organization: \_\_\_\_\_**

**Contact Person: \_\_\_\_\_**

**Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_**

**Cellular #: \_\_\_\_\_**

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**PLEASE DO NOT WRITE BELOW THIS LINE**

**Received On: \_\_\_\_\_ Payment Included: Yes: \_\_\_\_ No: \_\_\_\_**

**Payment Method Received**

**Cash: \_\_\_\_ Amount: \_\_\_\_\_**

**Check: \_\_\_\_ #: \_\_\_\_\_ Amount: \_\_\_\_\_ Voucher: \_\_\_\_ # \_\_\_\_\_ Amount: \_\_\_\_\_**