

**DAV**  
**2024 Department Convention Questionnaire**

Send the completed questionnaire to the attention of Kathy Bell at [kbell@dav.org](mailto:kbell@dav.org)

(Please Type or Print)

**Department Name:** \_\_\_\_\_

**Department Convention Dates:** \_\_\_\_\_

**Convention Hotel:** \_\_\_\_\_

**Hotel Address:** \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

**Hotel Telephone:** Area Code (    ) \_\_\_\_\_

**Convention Banquet Date:** \_\_\_\_\_

**Installation of New Officers:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Convention Chairperson's Name:** \_\_\_\_\_

**Convention Chair Telephone:** Area Code (    ) \_\_\_\_\_

**Convention Chair Email:** \_\_\_\_\_

**Signed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_