DAV
2024 Department Convention Questionnaire

Send the completed questionnaire to the attention of Kathy Bell at 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: ____________________________________________________________________