

VFW OFFICERS TRAINING INSTITUTE
2019-2020 Registration



Name: _____ Position _____
Last First

Post # _____ District # _____

Home Address _____ Email Address _____ .com
Street

City State Zip

Contact Phone () _____

OTI will be a 1 day event held at 3 different locations. Classes start 8 a.m SHARP. Please select where you plan to attend.

Date:	Location
_____ 9/28/2019	Post 4591 513 Veterans Place Hasbrouck Heights NJ 07604
_____ 9/29/2019	Post 8867 373 Adamston Rd. Brick NJ 08723
_____ 10/5/2019	Post 679 275 Wilmer St. Glassboro NJ 08028

Please enclose check in the amount of \$30 per person. Make check payable to: Dept of New Jersey VFW.
Mail checks to: 171 Jersey Street bldg 5 Trenton, NJ 08611. PayPal and Credit cards are also accepted.

Card # _____
Exp. Date __/____
Zip code: _____
3 digit code: _____