

VFW Auxiliary 2026 Mid-Year Conference

Feb 9-13, 2026

Celebrity Cruise Lines / Celebrity Reflection - Sign-up sheet

Which Conference are you in? _____

Please your name ***precisely*** as it is displayed on your government-issued Real-ID or passport. Please indicate "birth certificate" in the passport line if you are utilizing that option.

If you are in the process of obtaining a passport, kindly indicate "pending passport" on the designated line, but ensure that you still submit your form.

1. Name: _____ Passport # _____

Date of Birth: _____ Exp # _____

2. Name: _____ Passport# _____

Date of Birth: _____ Exp # _____

3. Name: _____ Passport # _____

Date of Birth: _____ Exp# _____

4. Name: _____ Passport # _____

Date of Birth: _____ Exp # _____

Names preferred on name badges: (First and last)

1. _____

2. _____

3. _____

4. _____

The mailing address is crucial, as documents are sent via USPS; thus, it is imperative to verify the accuracy of the address given. Please remember to inform us if you change your residence.

Please note: It is important to note that only ONE package will be sent PER CABIN; therefore, please select the designated recipient accordingly.

Name: _____

Street: _____

City, State, ZIP: _____

Phone numbers: Home: _____ Cell: _____

Email address: _____

The rates listed below are determined by category; however, **availability for triple and quad rooms is quite limited.**

Rate includes round trip transfers to/from the Fort Lauderdale, 4 nights aboard the Celebrity Reflection, Classic Beverage package, Basic Wi-Fi package, gratuities and taxes and port fees.

Transfers are included in the total cost for individuals who have booked air travel through Veterans Travel. If you opt to use airline miles, you may purchase transfers for \$60.00 round trip.

Should you wish to arrive earlier or extend your stay in Fort Lauderdale, or if you have any other requests, please contact VTS directly for assistance at (800) 325-9377.

Flying or driving _____ Departure airport _____

Insurance: yes _____ no _____

Bedding: 1 bed _____ 2 beds _____

Celebrity Cruise Lines Passport Requirements for U.S. Citizens

- A valid passport, or
- Proof of citizenship, such as original or certified U.S. birth certificates, original certificate of naturalization or citizenship, however if there would be an emergency and you had to fly back in the United States, a passport is required. Payment information

To secure your Cabin, a deposit of \$150.00 per person is required.

deposits are non-refundable

Final payment is due by October 1, 2025. Please note that space is reserved when reservations are requested, there is no guarantee of categories being available.

Please send to: Veterans Travel Service,
406 W 34th Street, Suite 106
Kansas City MO 64111
(800) 325-9377 or val@vtstvl.com

Cabin Type preferred.

Concierge Veranda Cabin

Double Occupancy _____ \$1012.00 per person
Single Occupancy _____ \$1743.00 per person
Triple Occupancy _____ \$ 973.00 per person
Quad Occupancy _____ \$ 876.00 per person

Veranda Cabin

Double occupancy _____ \$ 980.00 per person
Single Occupancy _____ \$1680.00 per person
Triple Occupancy _____ \$ 900.00 per person
Quad Occupancy _____ \$ 860.00 per person

Ocean View Cabin

Double Occupancy _____ \$ 880.00 per person
Single Occupancy _____ \$1480.00 per person
Triple Occupancy _____ \$ 813.00 per person
Quad Occupancy _____ \$ 780.00 per person

Inside Cabin

Double Occupancy _____ \$ 830.00 per person
Single Occupancy _____ \$1380.00 per person
Triple Occupancy _____ \$ 770.00 per person
Quad Occupancy _____ \$ 765.00 per person

Credit Card information:

Credit card type: ___ Mastercard ___ Visa ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____ Date: _____

Billing Address: _____

Email address: _____ Phone number: _____

Credit Card information:

Credit card type: ___ Mastercard ___ Visa ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____ Date: _____

Billing Address: _____

Email address: _____ Phone number: _____

Credit Card information

Credit card type: ___ Mastercard ___ Visa ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____ Date: _____

Billing Address: _____

Email address: _____ Phone number: _____

Credit Card information:

Credit card type: ___ Mastercard ___ Visa ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____ Date: _____

Billing Address: _____

Email address: _____ Phone number: _____