



SPECIAL FORCES ASSOCIATION C O N F E R E N C E 2 0 2 5

www.specialforcesassociation.org/sfacon-2025/

SFA#

Chapter #

If you are Chapter Officer, Position:

First Name:

Last Name:

Address:

City:

State:

Zip:

Phone#

E-mail:

Full registration includes all days – hospitality room, lunch on Wed, and Banquet on Friday.

List member and guests for badges.

Members Name

Guest Name

Guest Name

Guest Name

Guest Name

Guest Name

FULL
REGISTRATION

TUE

WED

THR

FRI

\$285

\$100

\$100

\$100

\$100

TOTAL

Special Forces Association
P.O. Box 41436
Fayetteville, NC 28309-1436

Total

Pay by credit card: VISA ☐

M/C ☐

AMEX ☐

DISCOVER ☐

Card#

EXP DATE

CW CODE

Name as it appears on card

Billing Address if different than above

SIGNATURE

Orleans Hotel & Casino: Reservations by telephone: Call 800-675-3267 and reference group code: SFAJ25C. Reservations must be made on or before 9/12/2025

QUESTIONS? Contact the Registrar, Bonnie Cooper, (561) 543-9562 or coop553@bellsouth.net