

REGISTRATION FORM

Delegate/Alternate or Guest Registration

*****PLEASE USE ONE FORM PER PERSON*****

Name _____ Chapter No. _____ District No. _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____ Fax (____) _____ Email _____

For Which Organization Are You Registering? *Please check one on each line*****

AHEPA Daughters of Penelope Sons of Pericles Maids of Athena Guest

I Am Registering: Guest Delegate Alternate Membership No. _____

Registration Fees, Deadlines, Refund Policy & Method of Payment

AHEPA Delegate/Alternate Price \$195 \$ _____ on site add \$30
(Includes: Welcome Night, Greek Night, Grand Ball, Grand Banquet and Athletic Luncheon)

DOP Delegate/Alternate Price \$195 \$ _____ on site add \$30
(Includes: Welcome Night, Greek Night, Grand Ball, Grand Banquet and Athletic Luncheon)

AHEPA Family Member Non-Delegate/Guest Price \$225 \$ _____
(Includes: Welcome Night, Greek Night, Grand Ball, Grand Banquet and Athletic Luncheon)

Non-AHEPA Family Member Price \$275 \$ _____ (Join Today for \$50 registration discount)
(Includes: Welcome Night, Greek Night, Grand Ball, Grand Banquet and Athletic Luncheon)

SOP/MOA Delegate/Alternate Price \$120 \$ _____
(Includes: Welcome Night, Greek Night, Grand Ball, MOA / SOP Brunch)***DOES NOT include Grand Banquet or Athletic Luncheon***



Checks payable to:

**AHEPA Supreme Convention
Fees MUST accompany this form**

Mail to:
AHEPA

1909 Q Street, NW Suite 500
Washington, DC 20009

TOTAL: \$ _____

I have enclosed Check No. _____ in the amount of \$ _____

Charge my: VISA Master Card AMEX

Card No. _____ Exp. Date _____

Signature _____

**Pre Register to avoid the on site fee of \$30
Deadline**

Form and fees MUST be postmarked by
Friday, June 18, 2010

*****Refund Policy*****

Refund requests MUST be received in writing by
Friday, June 18, 2010.

If received by this date, a refund will be issued, less a \$35
administrative fee.

No refunds will be issued after June 18, 2010!!!

www.ahepa.org

