

# EVENT REGISTRATION

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 Events Are You Registering?** Please check one on each line.

AHEPA     Daughters of Penelope

I Am Registering :     Delegate     Alternate    Membership No. \_\_\_\_\_

Guest: (accompanying) \_\_\_\_\_

## Fees



**AHEPA Delegate/Alternate    \$400** (\$300 if purchased by June 23) \$ \_\_\_\_\_  
(Includes Greek Night, Athletic Function, AHEPA 95<sup>th</sup> Anniversary Event, and Grand Banquet)

**DOP Delegate/Alternate    \$400** (\$300 if purchased by June 23) \$ \_\_\_\_\_  
(Includes Greek Night, Athletic Function, AHEPA 95<sup>th</sup> Anniversary Event, and Grand Banquet)

**Non-Delegate/Guest    \$400**    \$ \_\_\_\_\_  
(Includes Greek Night, Athletic Function, AHEPA 95<sup>th</sup> Anniversary Event, and Grand Banquet)

**TOTAL** \$ \_\_\_\_\_

### Checks payable to:

AHEPA Supreme Convention  
Fees MUST accompany this form

### Remit to:

AHEPA  
1909 Q Street, NW Suite 500  
Washington, DC 20009  
Fax: 202-232-2140  
Email: ahepa@ahepa.org

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

Charge my:     VISA     MasterCard     AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### Deadline

Form and fees MUST be postmarked, faxed, or emailed  
by Friday, June 23, 2017

### Refund Policy

Refund requests MUST be received in writing by Friday, June 30, 2017.  
If received by this date, a refund will be issued, less a \$35 administrative fee.

**No Refunds will be issued after June 30, 2017, as AHEPA incurs  
damages after June 30th guarantees; no exceptions.**

**www.ahepa.org**

