

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 Are You Registering?

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 \$ _____
(Includes: Welcome Night, Greek Night, Grand Ball, Grand Banquet and Athletic Luncheon)

DOP Delegate/Alternate \$190 \$ _____
(Includes: Welcome Night, Greek Night, Grand Ball, Grand Banquet and Athletic Luncheon)

AHEPA Family Member Guest* \$225 \$ _____
(Includes: Welcome Night, Greek Night, Grand Ball, Grand Banquet and Athletic Luncheon)

Non-AHEPA Family Member Guest \$275 \$ _____ (Join Today for a \$50 registration discount)
(Includes: Welcome Night, Greek Night, Grand Ball, Grand Banquet and Athletic Luncheon)
Join online at www.ahepaonline.com

SOP/MOA Delegate/Alternate \$120 \$ _____
(Includes: Greek Night, Grand Ball & Awards Event)



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 _____

Deadline

Form and fees MUST be postmarked by Friday, June 5, 2009

Refund Policy

Refund requests MUST be received in writing by Friday, June 12, 2009.

If received by this date, a refund will be issued, less a \$35 administrative fee.
No refunds will be issued after June 12, 2009.

VISIT www.AHEPAtravel.com
for discounted fares and more
www.ahepa.org.

