

EVENT REGISTRATION

Delegate/Alternate or Guest Registration

PLEASE USE ONE FORM PER PERSON

Name: _____ Chapter No. _____ District No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

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

AHEPA Daughters of Penelope

I Am Registering as a: Delegate Alternate **Membership No.** _____

Guest (accompanying _____)



Fees

AHEPA Delegate/Alternate **\$400** (\$300 if purchased by June 22) \$ _____
(Includes Welcome Night, Greek Night Extravaganza, Athletic Luncheon, Salute to Women, Grand Banquet)

DOP Delegate/Alternate **\$400** (\$300 if purchased by June 22) \$ _____
(Includes Welcome Night, Greek Night Extravaganza, Athletic Luncheon, Salute to Women, Grand Banquet)

Non-Delegate/Guest **\$400** \$ _____
(Includes Welcome Night, Greek Night Extravaganza, Athletic Luncheon, Salute to Women, 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. _____

Expiration Date: _____ CVV: _____

Signature: _____

Deadline

Form and fees MUST be postmarked, faxed or emailed
By **Friday, June 22, 2018**

Refund Policy

Refund requests MUST be received in writing by Friday, June 29, 2018
If received by this date, a refund will be issued less a \$35 administrative fee.

**No Refunds will be issued after June 29, 2018, as AHEPA incurs damages
after June 29th guarantees; no exceptions.**

Make your room reservations today!

<http://bit.ly/2oArKhX>

Need more information? Have questions?

Visit www.ahepa.org or call headquarters at **202-232-6300**

