

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 95th Anniversary Event, and Grand Banquet)

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

Non-Delegate/Guest \$400 \$ _____
(Includes Greek Night, Athletic Function, AHEPA 95th 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

