

# EVENT REGISTRATION PLEASE USE ONE FORM PER PERSON

Delegate/Alternate or Guest Registration

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 \_\_\_\_\_)

Please make sure that both Guest and person they are accompanying fill out their own forms.

## Fees

**AHEPA Delegate/Alternate** **\$400** (\$300 if purchased by June 3) \$ \_\_\_\_\_  
*(Includes Welcome Night, Greek Night Extravaganza, Night at the Hellenic Museum, Athletic Luncheon, Grand Banquet)*

**DOP Delegate/Alternate** **\$400** (\$300 if purchased by June 3) \$ \_\_\_\_\_  
*(Includes Welcome Night, Greek Night Extravaganza, Night at the Hellenic Museum, Athletic Luncheon, Grand Banquet)*

**Non-Delegate/Guest** **\$425** \$ \_\_\_\_\_  
*(Includes Welcome Night, Greek Night Extravaganza, Night at the Hellenic Museum, Athletic Luncheon, Grand Banquet)*

**Checks payable to:**

**AHEPA Supreme Convention**

**Fees MUST accompany this form**

**Add \$10 if paying by credit card to cover processing fees:** \$ \_\_\_\_\_  
(HQ reserves the right to charge your card this fee even if you forget to add it yourself.)

**Total:** \$ \_\_\_\_\_

**Only Send One Form Per Person**

**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 Billing Zip Code: \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

## Deadline

Form and fees **MUST** be received via mail, fax or email

By **Monday, June 3, 2019**

**No Refunds. No Exceptions.**

**\*\*Please note** that this form is for your convention registration **ONLY**. In order to be seated as a delegate or alternate, your Chapter **must** have reported you by the deadline. If you have not been reported as a delegate/alternate, you will be required to pay the Guest Registration price.

Need more information? Have questions?

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



Make your room reservations today!

The Palmer House

17 East Monroe Street, Chicago, Illinois | 60603

312-726-7500