

AHEPA 2024 SUPREME CONVENTION EVENT REGISTRATION

PLEASE USE ONE FORM PER PERSON

IMPORTANT:

Please note that this form is for your convention registration package **ONLY**. In order to be seated as a delegate or alternate, your Chapter must have reported you by the **MARCH 1, 2024** deadline with the Chapter Delegate/Alternate reporting form. If you have not been reported, you will be required to pay the guest registration price.

NAME: _____ CHAPTER: _____ DISTRICT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I AM A MEMBER OF: **AHEPA** **DOP** **SOP/MOA** MEMBERSHIP ID: _____

I AM REGISTERING AS A: DELEGATE ALTERNATE GUEST

PLEASE NOTE EARLY BIRD FEES APPLY IF PAID BEFORE JUNE 1, 2024

YOU MUST BE REPORTED BY YOUR CHAPTER AS A DELEGATE/ALTERNATE TO REGISTER AS ONE

AHEPA & DOP PACKAGES INCLUDE:

Official AHEPA Welcome Ceremony, AHEPA Ministry of Tourism Event, AHEPA Family Awards Event, AHEPA Founders Day Event, Presidential Palace Event, AHEPA Family Grand Banquet & Ball & Tours (separate sign up required)

AHEPA DELEGATE/ALTERNATE **\$400** (\$500 AFTER JUNE 1 OR ON SITE) \$ _____

DOP DELEGATE/ALTERNATE **\$400** (\$500 AFTER JUNE 1 OR ON SITE) \$ _____

AHEPA/DOP NON DELEGATE / GUEST **\$475** (\$575 AFTER JUNE 1 OR ON SITE) \$ _____

SOP & MOA PACKAGES INCLUDE:

Official AHEPA Welcome Ceremony, AHEPA Ministry of Tourism Event, AHEPA Family Awards Event, AHEPA Founders Day Event, Presidential Palace Event, AHEPA Family Grand Banquet & Ball & Tours (separate sign up required)

SOP/MOA DELEGATE/ALTERNATE **\$200** (\$300 AFTER JUNE 1 OR ON SITE) \$ _____

SOP/MOA NON DELEGATE/GUEST **\$250** (\$350 AFTER JUNE 1 OR ON SITE) \$ _____



Add \$10 if paying by Credit Card

Note: If you leave this blank and pay by card, it will be added for you

\$ _____

\$ _____

Total Amount Enclosed

CHARGE MY: VISA MASTERCARD AMEX I HAVE ENCLOSED CHECK # _____

MAKE CHECKS PAYABLE TO:

AHEPA SUPREME CONVENTION
FEES **MUST** ACCOMPANY THIS FORM

CARD NO. _____

ONLY SEND **ONE** FORM PER PERSON TO:

EXPIRATION DATE: _____ CVV: _____ BILLING ZIP: _____

AHEPA GLOBAL HQ
1909 Q STREET NW, SUITE 500
WASHINGTON, DC 20009
FAX: 202-232-2140
EMAIL: ADMIN@AHEPA.ORG

SIGNATURE: _____

DEADLINE: JUNE 1, 2024

QUESTIONS? VISIT AHEPA.ORG OR
CALL HEADQUARTERS AT 202-232-6300

Forms and fees **MUST** be received via mail, fax or email by **JUNE 1, 2024**
NO REFUNDS WILL BE ISSUED AFTER JUNE 1, 2024