

# 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**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**AHEPA FAMILY SUPREME CONVENTION  
CYPRUS 2024  
JULY 21-27, 2024 · LARNACA, CYPRUS**

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**