



**SONS OF PERICLES & MAIDS OF ATHENA  
AHEPA FAMILY  
Supreme convention  
Pre-registration**

**JUNE 30 – JULY 5, 2015  
San Francisco, California**

**PLEASE USE ONE FORM PER PERSON**

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

For which organization are you registering? SOP \_\_\_\_\_ MOA \_\_\_\_\_ Guest \_\_\_\_\_

**Package Includes**

Opening/Welcome Night  
SOP & MOA Intro. Event  
SOP & MOA Family Feud  
Greek Night  
Awards Luncheon  
President's Party  
& More!

SOP Delegate/Alternate	\$ 175 ( <b>\$125</b> if purchased by June 5!)	_____
MOA Delegate/Alternate	\$ 175 ( <b>\$125</b> if purchased by June 5!)	_____
Non Member / Guest Package	\$200	_____

I have enclosed Check Number \_\_\_\_\_ In the amount of \$ \_\_\_\_\_

Charge My: \_\_\_\_\_ VISA \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

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

**FORMS AND FEES MUST BE POSTMARKED OR FAXED BY FRIDAY, JUNE 5, 2015  
CHECKS MADE PAYABLE TO: AHEPA SUPREME CONVENTION  
FEES MUST ACCOMPANY THIS FORM  
MAIL TO: SOP/MOA 1909 Q. ST. NW SUITE 500. WASHINGTON, DC 20009**

QUESTIONS ABOUT THIS FORM? CONTACT STEPHANIE@AHEPA.ORG or 202-232-6300  
IF PAYING BY CREDIT CARD, FORMS MAY BE FAXED TO 202-232-2140