

REGISTRATION FORM

YES! I wish to attend the **9th Annual Conference on The Future of Hellenism in America** on November 20, 2010.

OPTION #1 Conference Only: \$30 x _____ person(s) \$ _____

OPTION #2 Luncheon Only: \$75 x _____ person(s) \$ _____

OPTION #3 Conference & Luncheon: \$90 x _____ person(s) \$ _____

OPTION # 4 SPECIAL OFFER (\$190 VALUE) \$150 x _____ person(s)* \$ _____

** Includes one-year membership in AHI (\$100 value)*

Total \$ _____

I am unable to attend, but want to help.

Enclosed is my tax-deductible contribution to help defray the conference expenses. \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

My method of payment is: Check (payable to AHIF) VISA MasterCard American Express

Credit Card No: _____ Exp. Date: _____ Signature: _____

Name: _____ E-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (office) _____ (home) _____ (fax) _____

Name of Guest(s): _____

Please mail or fax your registration form to:

AHIF, 1220 16th Street, N.W., Washington, DC 20036 • Tel: 202-785-8430 Fax: 202-785-5178