

REGISTRATION FORM

- OPTION #1** Conference Only: FREE x _____ person(s) \$ _____
- OPTION #2** Dinner Oct. 4, 2010: \$75 x _____ person(s) \$ _____
- OPTION #3** Luncheon Oct. 5, 2010: \$40x _____ person(s) \$ _____
- OPTION #4** Conference, Dinner & Luncheon: \$115 x _____ person(s) \$ _____
- OPTION #5 SPECIAL OFFER (\$262 VALUE)** \$175 x _____ person(s)* \$ _____

** Includes one-year \$100 membership in AHIF along with two*

*AHIF publications (\$47.50 value) Cyprus 35 Years Later: What is Needed for a Solution? (2010)
& The United States and Cyprus: Double Standards and the Rule of Law (2002)*

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