



# REGISTRATION FORM - ADULT

## PANCRETAN ASSOCIATION OF AMERICA

### 46th NATIONAL CONVENTION

#### Springfield, Massachusetts

#### June 28 - July 3, 2019

#### PARTICIPANT NAME(S)

LAST NAME 1	FIRST NAME 1	E-MAIL	<input type="checkbox"/> Officer <input type="checkbox"/> Alternate <input type="checkbox"/> Delegate <input type="checkbox"/> Participant
LAST NAME 2	FIRST NAME 2	Name(s) of children attending:	<input type="checkbox"/> Officer <input type="checkbox"/> Alternate <input type="checkbox"/> Delegate <input type="checkbox"/> Participant
ADDRESS	CITY	STATE      ZIP	ROOM NUMBER (s)
TELEPHONES - home, work and cell	ARRIVAL DATE	CHAPTER	DISTRICT

ADULT PACKAGE PRICES (12 & Under prices are "a la carte")			PRICE (Adults)	QTY	PRICE (12 & Under)	QTY	TOTAL
Postmark ON OR BEFORE May 18, 2019 includes all 7 events			\$420				\$
Postmark AFTER May 18, 2019 includes all 7 events			\$465				\$
INDIVIDUAL EVENT PRICES							
Friday	June 28	Welcome Night	Free		Free		\$
Saturday	June 29	Cretan Night	\$145		\$60		\$
Sunday	June 30	Cretan Picnic	\$60		\$30		\$
Sunday	June 30	Open Mic Night	Free		Free		\$
Monday	July 1	Cultural Event	\$85		\$30		\$
Tuesday	July 2	Grand Banquet	\$135		\$60		\$
Wednesday	July 3	Farewell Party	\$35		\$15		\$
OPTIONAL EVENTS							
Monday	July 1	Golf					\$
Commemorative Album		Without ad purchase (see Album Form)	\$50				\$
							\$
							\$
							\$
						<b>TOTAL</b>	<b>\$</b>

#### METHOD OF PAYMENT

CHECK	CASH	CREDIT CARD	<input type="checkbox"/> VISA <input type="checkbox"/> Am Ex <input type="checkbox"/> M/C
NUMBER	AMOUNT	CREDIT CARD NUMBER      3 digit Security (CVC) #	EXP. DATE
		NAME OF CARD HOLDER (as it appears on card)	
		SIGNATURE	

**MAKE CHECK PAYABLE TO & MAIL TO:**

**46<sup>th</sup> PAA NATIONAL CONVENTION**  
 155 Old Lyman Rd  
 Chicopee, MA 01020

**CONTACT INFORMATION**

Tina Katsounakis, Tel:413-822-1570  
 Email: cretagirl@yahoo.com

Register online at: [www.minoscrete.com](http://www.minoscrete.com)

**In order to receive wristband, participant(s) must sign this form in person at check in. Please return complete form. Do not detach.**

I acknowledge receipt of the above event passes including wristband and have paid for them in full. I acknowledge receipt of the Code of Conduct.	SIGNATURE LAST NAME 1	DATE	WB ID 1
I acknowledge receipt of the above event passes including wristband and have paid for them in full. I acknowledge receipt of the Code of Conduct.	SIGNATURE LAST NAME 2	DATE	WB ID 2