



REGISTRATION FORM - PYA Members

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	Date of Birth	
TELEPHONES—home, work and cell	ARRIVAL DATE	CHAPTER		DISTRICT	ROOM NUMBER

PYA PACKAGE PRICES			PRICE (PYA Member)	Quantity	TOTAL
Postmark ON OR BEFORE May 18, 2019 includes all 8 events			\$345		\$
Postmark AFTER May 18, 2019 includes all 8 events			\$385		\$
INDIVIDUAL EVENT PRICES					
Friday	June 28	Welcome Night	Free		\$
Saturday	June 29	Cretan Night	\$145		\$
Sunday	June 30	Cretan Picnic	\$60		\$
Sunday	June 30	Open Mic	Free		\$
Monday	July 1	Cultural Event	\$85		\$
Tuesday	July 2	Youth BBQ	\$35		\$
Tuesday	July 2	Youth Club Night	\$35		\$
Wednesday	July 3	Farewell Party	\$35		\$
OPTIONAL EVENTS					
Monday	July 1	Golf			\$
Commemorative Album		Without ad purchase (see Album Form)	\$50		\$
					\$
				TOTAL	\$

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: 46th 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			

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