

Registration Form

YES! I wish to attend the **5th Annual Conference on The Future of Hellenism in America** on October 28, 2006.

- OPTION #1** Conference Only: \$20 x _____ persons \$ _____
- OPTION #2** Luncheon Only: \$60 x _____ persons \$ _____
- OPTION #3** Conference & Luncheon: \$70 x _____ persons \$ _____
- OPTION # 4 SPECIAL OFFER (\$170 VALUE)** \$130 x _____ persons* \$ _____

* Includes one-year membership in AHIF (\$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