## **REGISTRATION FORM**

## 44th ANNUAL AMDAANA CONFERENCE

July 11 – July 14, 2024

| Attendee's Name :   | Year of Graduation |  |  |  |  |
|---|--------------------|--|--|--|--|
| Spouse's Name :   |                    |  |  |  |  |
| Children's name :   | Age                |  |  |  |  |
| Second Children name :  | Age                |  |  |  |  |
| Guest(s):   |                    |  |  |  |  |
| Mailing Address :   |                    |  |  |  |  |
| Phone : Fax : Email   | 1:                 |  |  |  |  |
| Please note all funds are in U.S. Dollars   |                    |  |  |  |  |
| I) Annual Membership Dues:  (1) \$100 yearly (2) \$300 Life Membership (3) no fee for life members \$ |                    |  |  |  |  |

|                             |                                     |                            |                               | _       |         |
|-----------------------------|-------------------------------------|----------------------------|-------------------------------|---------|---------|
| Number of people attending  | ding: (a) Ad                        | lults (I                   | (b) Children (3-10 years) no. |         |         |
|                             |                                     | outh<br>uest               | Total no.                     |         |         |
| (I) Sub total [Members      | ship Dues] \$                       |                            |                               |         |         |
| (II) Sub total [ Package    | Charges] \$                         |                            |                               |         |         |
|                             |                                     | Grand To                   | tal \$                        |         |         |
| Refund Note: \$250 less per | package until June 1,               | ,2024. No refunds after Ju | ne 1, 2024.                   |         |         |
| Please make checks payab    | ele to AMDAANA                      |                            |                               |         |         |
| M. 15 0 D 11                | D. V. I. 101                        |                            | If participati                | ng in : |         |
| Mail Form & Payment to:     | Dr. Vishal Sharma<br>743 Vardon Ct, |                            | Pahuja Night: Song            | Joke _  | Other _ |
|                             | Evans, GA 30809                     |                            |                               |         | 0.11    |
|                             |                                     | ŀ                          | Kids in CAMDAANA : Dance $\_$ | Song    | Other   |

II) Package Selected: (Please see the package page) Circle one AB C

Contact phone: 770-652-5631 Email: amdaana2024@gmail.com