



THE 2010 NATIONAL PHILOPTOCHOS BIENNIAL CONVENTION

Atlanta, GA July 4-7, 2010

(National Board Meeting Saturday, July 3, 2010)

REGISTRATION APPLICATION

PLEASE TYPE OR PRINT

Delegate's Name: _____

Parish Name: _____ Parish Phone: _____

Metropolis _____ Chapter Number: # _____

Parish Address: _____

Delegate's Home Mailing Address: _____

City/State /Zip Code: _____

Home Phone: _____ Office : _____ Cell: _____

Delegate's E-mail: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Home Phone: _____ Office Phone: _____

Special Medical Needs: _____

REGISTRATION FEE

___ Chapter Delegate	\$550.00
___ Metropolis Board Delegate	\$550.00
___ National Board Delegate	\$550.00
___ Observer	\$650.00

Registration fee must accompany this application. The deadline for application is **May 3, 2010. A refund, less \$150.00, per person, will be granted upon written request, received by June 24, 2010.**

PAYMENT

A check, made payable to: **The Greek Orthodox Ladies Philoptochos Society, Inc.**
in the amount of \$_____ is enclosed.

MAIL COMPLETED APPLICATION, ALONG WITH YOUR REGISTRATION FEE BY **MAY 3, 2010** TO:

NATIONAL PHILOPTOCHOS OFFICE
Attention: Convention Registration
7 West 55th Street, 7th Floor, New York, NY 10019