



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	\$150		\$
Sunday	June 30	Cretan Picnic	\$65		\$
Sunday	June 30	Open Mic	Free		\$
Monday	July 1	Cultural Event	\$90		\$
Tuesday	July 2	Youth BBQ	\$40		\$
Tuesday	July 2	Youth Club Night	\$40		\$
Wednesday	July 3	Farewell Party	\$40		\$

OPTIONAL EVENTS					
Monday	July 1	Golf			\$
Commemorative Album		Without ad purchase (see Album Form)	\$50		\$
					\$
TOTAL					\$

METHOD OF PAYMENT

CHECK	CASH	CREDIT CARD	
NUMBER	AMOUNT	CREDIT CARD NUMBER 3 digit Security (CVC) #	<input type="checkbox"/> VISA <input type="checkbox"/> Am Ex <input type="checkbox"/> M/C <input type="checkbox"/> M/C 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