REGISTRATION FORM

40TH ANNUAL AMDAANA CONFERENCE

July 19 – July 22, 2018 Hyatt Regency Jersey City on the Hudson 2 Exchange PI, Jersey City, NJ 07302

Attendee's Name:	Year of Graduation:
Spouse's Name:	
Child Name:	Age:
Second Child Name:	Age:
Guest(s):	
Mailing Address:	
Phone: Fax:	Email:
Your Resident Country:	
Please note all funds are in U.S. Dol	<u>lars</u>
I) Registration Fee: Payment or	nline or postmarked by:
(1) April 30, \$ 225 (2) June 29, \$ 275 (Residents, Fellows, Camdaanians, outside US	
II) Annual Membership Dues:	
(1) \$ 100 yearly (2) \$ 300 Life Memb	ership (3) no fee for life members \$:
III) Package Selected: (Please see	the package page) Circle one ABC
Number of people Attending: Adults Youth Guest	
	Total no. \$
	Grand Total \$

Please make checks payable to AMDAANA

Mail Form & Payment to: Dr. Rakesh Mehra

52 Hoose Boulevard Fishkill, New York 12524

Contact phone: 845 -987-6711 Email: AMDAANANY2018@gmail.com

If participating in:
Pahuja Night: Song____ Joke___ Other___
Kids in CAMDAANA: Dance____ Song___ Other____