REGISTRATION FORM

41ST ANNUAL AMDAANA CONFERENCE

July 18 – July 21, 2019 Cincinnati, OHIO | Hyatt Regency Hotel 151 W 5th St, Cincinnati, OH 45202

Attendee's Name :		Year of Graduation
Spouse's Name :		
Children's name :		Age
Second Children name :		Age
Guest(s):		
Mailing Address :		
Phone :	Fax : Em	ail:
Please note all funds a	re in U.S. Dollars	
I) Annual Membershi (1) \$100 yearly (2) \$300 II) Package Selected: Number of people attendin	Life Membership (3) no fee for life member (Please see the package page)	
(I) Sub total [Membership Dues] \$ (II) Sub total [Package Charges] \$		
	Grand To	otal \$
Refund Note: Refund \$100 les No refunds afte Please make checks payable		
Mail Form & Payment to:	Dr. Jaspreet Chahal	If participating in:
man i oim a i aymont to.	7 Cambridge Dr.,	Pahuja Night: Song Joke Other
	Fort Mitchell, KY, USA 41017	Kids in CAMDAANA : Dance Song Other

 $Contact\ phone: 319\text{-}329\text{-}4383\ Email: chahaljaspreet@hotmail.com}$