



Registration Form
36th Annual Convention of SANA
July 02 – July 05, 2019 – Saint Louis, Missouri

Name: Mr./Dr./Mrs./Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Tel. \_\_\_\_\_

(Names of additional members to include in the registration)

Name 1: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name 2: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name 3: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name 4: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

By May 31st, 2020 Rate:

Number of Registered Adults (Over 12 years) \_\_\_\_\_ X \$170 -----> \$ \_\_\_\_\_

Number of Registered Juniors (8 – 12 years) \_\_\_\_\_ X \$100 -----> \$ \_\_\_\_\_

Total Payment ..... = \$ \_\_\_\_\_

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After May 31st, 2020 Rate:

Number of Registered Adults (Over 12 years) \_\_\_\_\_ X \$195 -----> \$ \_\_\_\_\_

Number of Registered Juniors (8 – 12 years) \_\_\_\_\_ X \$125 -----> \$ \_\_\_\_\_

Total Payment ..... = \$ \_\_\_\_\_

Mail your completed form and check payable to SANA:

C/O Zahid Shaikh

223 Forest Preserve Dr Gaithersburg, MD 20878

----- Please don't write in this box, for official processing -----

Payment Received by (Name): \_\_\_\_\_ Date Received: \_\_\_\_\_

Check/Ref #: \_\_\_\_\_