The Fifteenth TANA Conference

(Cobo Center, Detroit, MI, July 1st to 3rd, 2005)
P. O. Box 1290, Novi, MI 48376-1290
(Tax ID: 36-3060732) http://www.tana.org

15వ తెనా సమావేశాలు

Registration / Donation Form

Please write the information in clear block letters. This form must be accompanied by check / cash / valid credit card number.

Last Name: _____ First Name: _____ MI: _____

Spouse Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Alumni: **Self / Spouse:** College / University: _____

Family Members (Unmarried Children & Dependents): **Please check the age group applicable.**

1. _____ Age: 0-6 [ ] 7-11 [ ] 12-17 [ ] 18-20 [ ] 21 and above [ ]
2. _____ Age: 0-6 [ ] 7-11 [ ] 12-17 [ ] 18-20 [ ] 21 and above [ ]
3. _____ Age: 0-6 [ ] 7-11 [ ] 12-17 [ ] 18-20 [ ] 21 and above [ ]
4. _____ Age: 0-6 [ ] 7-11 [ ] 12-17 [ ] 18-20 [ ] 21 and above [ ]

Interested in Marriage Link: [ ]

NOTE: To participate in Young adult activities, you must register as *Single Adult or Couple*, unless you are a full time student. Failure to provide proof for full time Student would result in paying full price. You must complete *Young Adult Registration Form* also.

Registration:		**Number**	**Total**
1. Single Adult	$ 200 / person	_____	_____
2. Couple (Wife & Husband)	$ 350 / couple	_____	_____
3. Children (age 7-17, free for 6 & under)	$ 110 / person	_____	_____
4. Full time Student * / Visitor ** / Senior Citizen ***	$ 110 / person	_____	_____
5. Banquet (Over-flow room ONLY) **Preference : Veg [ ] Non Veg [ ]**	$ 75 / person	_____	_____
6. Business Seminar	INCLUDED	_____	_____
7. Continuing Medical Education (CME)	$ 125 / person	_____	_____
8. Youth Activities (Total amount from Young Adult Conference Registration Form)			_____
9. Donation Amount			_____
10. TANA Life Membership	$125 / family		_____

*** Proof of Regstrtn for winter & Spring 2005 & Student id ** copy of valid visa required *** age 65 or over Total Amount:** _____

Donor Categories:	**Amount**	**Benefits**
[ ] Donor	$ 1,000 - $ 1,499	2 Adult Registrations, 2 Child Registrations, 2 Banquet
[ ] Grand Donor	$ 1,500 - $ 2,499	2 Adult Registrations, 2 Child Registrations, 2 Banquet, 1 CME
[ ] Patron	$ 2,500 - $ 4,999	4 Adult Registrations, 4 Banquet, 1 CME
[ ] Grand Patron	$ 5,000 - $ 9,999	4 Adult Registrations, 4 Banquet, 2 CME, 1 Room for 3 nights
[ ] Benefactor	$10,000 - $24,999	4 Adult Registrations, 4 Banquet, 2 CME, 1 Junior Suite for 3 nights
[ ] Grand Benefactor	$25,000 - $49,999	4 Adult Registrations, 4 Banquet, 2 CME, 1 2-Bed Suite for 3 nights, 2 Air Tickets
[ ] Sponsor of the day	$50,000 or more	Same as Grand Benefactor + Special Recognition

Payment: [ ] Check Number: _____ (make checks payable to **15th TANA Conference** and mail to **P.O.Box 1290, NOVI, MI, 48376-1290**)

[ ] Visa / Master Card: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Expiration: [ ][ ] / [ ][ ] M M Y Y

Billing Address: _____

I authorize the above charge. Card holder's signature: _____

Revised Date: 1/9/2005