

America Telugu Sambaralu

Organized by North America Telugu Society

Orange County Convention Center, Orlando, Florida

July 2 - 4, 2009

Registration / Donation Form NATS Tax ID: 26-4194139

Please write the information in clear block letters. This form must be accompanied by check, money order, or valid credit card number.

Last Name:	First Name:	MI:	
Spouse Last Name:	First Name:	MI:	
Address	-		
Phone:	E-mail:		
Alumni: Self/Spouse College/University:			
Family Members (Unmarried Children and Dependents):	Please check the age group applicable.	Please check the age group applicable.	
1	Age: 0-6[] 7-11[]12-17[]18-20[]2	Age: 0-6[] 7-11[]12-17[]18-20[]21 and above[]	
2	Age: 0-6 [] 7-11 [] 12-17 [] 18-20 [] 21 and al		
3	- Age: 0-6[] 7-11[]12-17[]18-20[]2	1 and above []	
			
4	Age: 0-6[]7-11[]12-17[]18-20[]2	1 and above []	
Registration	Number	Total	
Single Adult \$100 / person			
2. Single Adult without food \$ 40/person			
3. Couple (wife & Husband) \$160/couple			
4. Children (age 7-17, free for 6 & under) \$80/person			
5. Student * / Visitor ** / Senior Citizen *** \$ 80 / person			
6. Student Adult without food \$ 20 / person			
7. CME \$ 50/person			
8. [July 4th] EPCOT Party \$ 40 / person (age 18 and over)			
9. Banquet [July 2] \$ 50/person (Donors: Add additional banquet tickets only)			
10. NATS Membership \$ 50			
11. Donation Amount * Student id require d ** copy of valid visa required	*** age 65 or over Total A moun		
Note : Registration includes admission to all Sambaralu programs (except CME) on July 3 and 4 at the Convention Center and lunch and dinner on July 3 and 4.			
Donor Categories: Total Amount Benefits			
[] Donor \$1,000 - \$2,499 2 Adult Registrations, 2 Child Registrations, 2 Banquet, NATS membership			
[] Patron \$ 2,500 - \$ 4,999 4 Registrations, 4 Banquet, 1 CME, 1 Hotel Room for 3 nights, NATS membership			
	is, 4 Banquet, 2 CME, 2 Hotel Rooms for 3 nights, NATS	-	
[] Grand Benefactor \$10,000 and above 4 Registration	is, 4 Banquet, 2 CME, 1 Hotel Suite for 3 nights, NATS	membership	
Payment: [] Check Number: (make checks payable to North America Telugu Society)			
[] Visa / Master Card: Expiration: M M Y Y			
Billing Address:			
"I authorize the above charge. Card holder's signature:	Date		
Mail checks and registration forms to: North America Telugu Soci	iety		
P. O. Box 810096			
Boca Raton, FL 33481-0096 Note: All amounts are in US dollars.			