



STANDARD REGISTRATION FORM

17th Bangamela 2015, Fairfax, Virginia, USA
July 25 & 26, 2015



PLEASE PRINT IN CAPITAL LETTERS (Fields marked with asterisk * are required)

Title*	First Name*	Middle Name	Last Name*
Address Line1*			APT#
Address Line2			
City*	State*	Zip*	Country*
Phone*	Email*	ANY GROUP AFFILIATION	

REGISTRATION RATES

	Till Feb 15th 2015	Till April 15th 2015	After April 15th 2015
Adult	\$60	\$70	\$85
Child (8-18 years as of July 2015)	\$10	\$20	\$30
Student (ID Required at check in)	\$20	\$25	\$35

A. PRIMARY REGISTRANT

ADULT STUDENT (ID REQUIRED) AMOUNT

B. ADDITIONAL REGISTRANTS

FRIST NAME	LAST NAMES	TYPE	AMOUNT
		<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Child	
		<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Child	
		<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Child	
		<input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Child	

Select One Payment Method Below (Sum of Boxes A+B) TOTAL AMOUNT \$

CHECK VISA MASTER CARD

Credit Card Info:

Account Number: _____ Exp Date: _____ CCV: _____

Account Name: _____ TOTAL AMOUNT: _____

Total in Words: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____ Country: _____

HOTEL: No. of Rooms _____ **Check-in Date** _____ **Check-out Date** _____

AGEs OF CHILDREN IF PARTICIPATING IN CHILDREN'S COMPETITION: _____

TERMS and CONDITIONS

- No forms will be accepted unless signed, dated, and fully paid.
 - Cancellation Policy: No refund requests will be accepted after April 15th, 2015
- I, the registrant, do hereby agree to the terms and conditions stated above.*
- I authorize Dhroopad/Bangamela2015 to charge the stated amount to my credit card (if paid by credit card)
- Signature: _____ Date: _____

Checks payable to: DHROOPAD
 Payable in US dollars only
 \$35 charge for returned checks
Mail the Registration to:
 Karuna Choudhury
 20405 River Bank St.
 Potomac Falls VA 2016, USA

Contact us: registrations@dhroopad.org or dhroopad@dhroopad.org

Official Use Only:
 Confirmation Number:Processed by.....Date.....