Image: Constraint of the state of the s	
Name(s) of Participants	Area
E-Mail	
Address	
Food Allergies	
Need Parking for Vehicle? 🛛 YES 🗖 NO	
Accommodations:	
Double Occupancy Room (Includes All Meals)	\$500.00 per person \$
Single Occupancy Room (Includes All Meals)	\$575.00 per person \$
Adult – (Includes All Meals but No Room)	\$200.00 per person \$
	Total Amount Due = \$
Check enclosed (Payabl	e to Order of Malta, American Association)
Credit Card Payment Authorization:	
<u>Please Check One</u>	
American Express Discover N	MasterCard Visa
Credit Card Number	Expiration DateCVV Code
Amount: \$	
Must be signed in order to process credit card payment	
Signature	
Please return this form with your payment (check or credit card info) to Maria DiGiacomo by <u>May 1, 2024</u>	
Limited Capacity – Early Registration Highly Encouraged	
No refunds will be made for ca E-mail: <u>maria@orderofmaltaamerican.org</u> Tel: (212) 371-1522 Fax: (212) 486-9427	 Ancellations after June 1st, 2024. Mail: Order of Malta, American Association 1011 First Avenue, Suite 1350 New York, NY 10022