DELEGATE CERTIFICATION FORM

92ND Annual Eastern Regional Convention Philadelphia, PA

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| **CHAPTER:** |  | **KEY #** | **REGIONAL/GENERAL OFFICE CERTIFICATION** |
| **REGION:** | **EASTERN REGION** | |  |
| **DISTRICT:** |  | |
| **SEAT:** |  | |
| **ACTIVE MEMBERS:** |  | |
| **STATUS:** |  | |
| **DELEGATE STRENGTH:** |  | |

Instructions: Please Type or Print on this Form

1. **Please fill in the names and account numbers of the Brothers representing your Chapter as delegates at the 92ND Annual Eastern Regional Convention, Philadelphia, PA.**
2. **Members listed will be registered for the convention internally through the Regional Registrar.**
3. **The chapter must be in good standing to register delegates for the convention. If your chapter is listed as not in “good standing” please, contact the General Office immediately.**
4. **Please email your delegate certification form to** [**registrar@alphaeast.com**](mailto:registrar@alphaeast.com)
5. **Please Note: This form should not be used to register individuals for the convention. All regular convention registrants must use AlphaMX to register for the convention. This form should only be used to submit chapter delegates.**
6. **If a delegate has already paid for their registration, he will be reimbursed 5-7 business days after submitting this form.**
7. **Delegate registration will include access to all Business Sessions and the Awards Brunch.**

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| **#** | **Book** | **Name** | **Account Number** | **Member Initial** | **WED** | **THUR** | **FRI** | **SAT** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
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| **5** |  |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |  |
|  |  |  |  |  | | | |  |
|  | | **CHAPTER SEAL** |  | **THIS SECTION FOR ADMINISTRATIVE USE ONLY** | | | |  |

**Phone:** 410.554.0040 Page **1**

**Email**: [membership@apa1906.net](mailto:membership@apa1906.net)