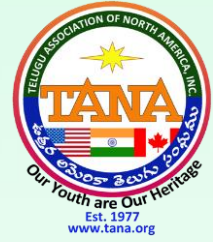




# 20<sup>th</sup> TANA Conference

Cobo Hall, Detroit, MI  
July 2-4, 2015

<http://www.tana2015.org> Tax ID: 36-3060732 <http://www.tana.org/>



## REGISTRATION FORM

### SECTION 1: PERSONAL INFORMATION

Last Name:		First:		MI:	
Spouse's Last Name:		Spouse's First Name:		MI:	
Street Address:			City:	State:	Zip:
Email:		Home Phone:		Cell:	
Alumni:	College/Univ. of Self:		College/Univ. of Spouse:		

### SECTION 2: REGISTRATION / DONOR CATEGORY

**Family / Individual** (See below for registration categories and pricing)

Registration Category	Price (until 6/30)	Price (after 6/30)	Registration Category	Price (until 6/30)	Price (after 6/30)
Single Adult	\$150	\$175	Couple (Wife & Husband)	\$275	\$325
Children – Ages 6-17 (Below 5 Free)	\$75	\$110	Senior Citizen – Ages 65 and over	\$100	\$125
Full-time Student (Student ID Req'd.)	\$100	\$125	Visitor (Visa proof Req'd.)	\$100	\$125

**Donor** (See Page 2 for donor category amounts and benefits)

**Donor Category:**  Donor  Grand Donor  Patron  Grand Patron  Benefactor  Grand Benefactor  Prime Time Sponsor

### SECTION 3: ATTENDEE INFORMATION

\* Please include everyone attending conference including yourself \* Leave Amount as BLANK or enter ZERO if you are a donor and covered in benefits

Conference Attendee Name	Age	Non-Veg?	Included in Benefits?	Amount
1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	

Note: Use Page 2 for additional attendees (if more than 6).

### SECTION 4: ADDITIONAL EVENTS/SEMINARS INTERESTED

Event/Seminar	Price	Count	Total
Continuing Medical Education (CME)	\$100/person		
Sri Sai Satya Vratam on 7/3/15 @ 6:00 AM	\$101 Sponsorship		
Sri Srinivasa Kalyanam on 7/4/15 @ 6:00 AM	\$101 Sponsorship		
Youth Cruise	\$40		
Donation Amount	*See Donor Categories & Benefits (Page 2)		

\*Total Registration Amount (including page 2 if any) + Donation Amount + Additional Events Amount **Total Amount (USD):**

### SECTION 5: PAYMENT INFORMATION

Check Number: \_\_\_\_\_ Make check payable to **TANA2015** \* Registration Amount is not refundable \* Payment by check is recommended

<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTER CARD	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					Expiration :	

### SECTION 6: MAILING AND CONTACT INFORMATION

Mail the filled in registration form to: **TANA, 35560 GRANDDRIVER AVE #303, FARMINGTON HILLS, MI 48335**

For any additional information, please contact: **Raghu Ravipati at 248-787-5624** or send an email to [registration@tana2015.org](mailto:registration@tana2015.org)



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## REGISTRATION FORM

### SECTION 7: ADDITIONAL ATTENDEE INFORMATION

\* Please include everyone attending conference including yourself \* Leave Amount as BLANK or enter ZERO if you are a donor and covered in benefits

Conference Attendee Name	Age	Non-Veg?	Included in Benefits?	Amount
7.		<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	
9.		<input type="checkbox"/>	<input type="checkbox"/>	
10.		<input type="checkbox"/>	<input type="checkbox"/>	
11.		<input type="checkbox"/>	<input type="checkbox"/>	
12.		<input type="checkbox"/>	<input type="checkbox"/>	

### DONOR CATEGORIES AND BENEFITS

Donor Category	Amount	Benefits
Donor	\$1,000 - \$ 1,499	2 Adult Registrations, 2 Child (Ages 6 to 17) Registrations, 2 Banquet
Grand Donor	\$1,500 - \$2,499	4 Adult Registrations, 2 Banquet
Patron	\$2,500 - \$4,999	4 Adult Registrations, 4 Banquet
Grand Patron	\$5,000 - \$9,999	6 Registrations, 4 Banquet, 2 CME, 1 Room for 3 nights and Family Photo in Souvenir
Benefactor	\$10,000 - \$24,999	8 Registrations, 6 Banquet, 2 CME, 2 Rooms for 3 nights and Family Photo in Souvenir
Grand Benefactor	\$25,000 - \$49,999	10 Registrations, 8 Banquet, 2 CME, 1 Suite and 1 Room for 3 nights, Family Photo in Souvenir and stage recognition
Prime Time Sponsor	\$50,000 or more	12 Registrations, 10 Banquet, 2 CME, 1 Suite and 2 rooms for 3 nights, Family Photo in Souvenir and special stage recognition

### INSTRUCTIONS & INFORMATION

<b>Section 1:</b>	<ul style="list-style-type: none"> <li>Please complete all the fields in the personal information section.</li> <li>All fields except Alumni are required.</li> </ul>
<b>Section 2:</b>	<ul style="list-style-type: none"> <li>Choose whether you would like to register as an Individual or for your family or as a Donor.</li> <li>Check the categories, prices and donor benefits below to suit your needs.</li> </ul>
<b>Section 3:</b>	<ul style="list-style-type: none"> <li>Enter names and other details of each attendee including yourself and your spouse. Please print all the names clearly.</li> <li>If you have more than 12 attendees, please complete a separate registration for the additional attendees.</li> <li>You also need to enter the Amount for each attendee. If that attendee is covered as part of the donor benefits, please select the appropriate check box and enter ZERO (0) in the corresponding Amount column.</li> </ul>
<b>Section 4:</b>	<ul style="list-style-type: none"> <li>Enter the count of each additional event you are interested in and enter the Amount for each in the corresponding Amount column.</li> <li>Make sure you review the categories, prices and benefits carefully before you enter the Amount. Do not include the Amount for any events already covered as part of your donor benefits.</li> <li>Enter the donation amount if you are registering as a Donor. Make sure that the Amount falls in the specific category you selected.</li> <li>Calculate the Total Amount for all attendees, Additional events as well as the Donation Amount and put it in the Total Amount column.</li> </ul>
<b>Section 5:</b>	<ul style="list-style-type: none"> <li>If you are making the payment by check, please write the check payable to "TANA2015".</li> <li>To pay by a credit card, choose the card type and enter the card number along with the expiration date.</li> </ul>
<b>Section 6:</b>	<ul style="list-style-type: none"> <li>Mail the completed form along with the check (if paying with a check) to the address provided.</li> <li>For any additional information or help, please send an email to <a href="mailto:registration@tana2015.org">registration@tana2015.org</a> or call the registration chair Raghu Ravipati @ (248) 787-5624.</li> </ul>
<b>Section 7</b>	<ul style="list-style-type: none"> <li>Complete this section if you have more than 6 attendees for the conference.</li> </ul>