

KERALA HINDUS OF NORTH AMERICA (KHNA)

P.O Box 520, Tennent, NJ 07763

www.namaha.org

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Phone: (917) 863-3655 or (516) 633-5208

10th Biennial Global Hindu Convention

August 30 - September 2, 2019 (Labor Day weekend)

Crown Plaza 2349 Marlton Pike W, Cherry Hill, NJ 08002

REGISTRATION FORM



Names of all those attending (Including small children)	Mr. Ms. Dr	First Name (Use CAPITAL letters)	Middle Name (Use CAPITAL letters)	Last Name (Use CAPITAL letters)	Kerala Home Town and District	Local Organization affiliated with, if any
	Self					
	Spouse Mrs. Ms. Dr.					
	Husband's Parents					
	Wife's Parents					
	YOUR Child 1				Grade / College Year	Age
	Child 2					
Child 3						

Your Contact Information	Your mailing address Street Address Apt # City State ZIP				
	Phone #	Home: ().....		Mobile: ().....		
	Alternative phones #					
	e-mail address					

Select your Registration Package	Select your Payment option
<input type="checkbox"/> \$25,000 Maha Lakshmi <input type="checkbox"/> \$15,000 Aiswarya Lakshmi <input type="checkbox"/> \$10,000 Dhana Lakshmi <input type="checkbox"/> \$5,000 Gaja Lakshmi <input type="checkbox"/> \$3,000 Dhaanya Lakshmi	<input type="checkbox"/> \$1,750 Santhana Lakshmi <input type="checkbox"/> \$1,199 Veera Lakshmi <input type="checkbox"/> \$899 Vidya Lakshmi <input type="checkbox"/> \$699 Vijaya Lakshmi <input type="checkbox"/> by check payable to "Kerala Hindus of North America" and mail to above address <input type="checkbox"/> by Credit Card (monthly payment plan also available). Visit www.namaha.org for payment instructions.

Deadlines: (a) 30 June 2019 is the deadline to receive a refund of registration cancelled in writing or from your above email address. A processing fee of 10% will be withheld by KHNA. (b) No refunds will be made for cancellation on or after 01 July 2019 but change of name requests received in writing until August 10, 2019 will be considered. (c) Registration and full payment required by May 31, 2019 for souvenir benefits of photo, advt. etc.

As an attendee of the KHNA Convention, I acknowledge and accept responsibility for safety, liability and medical insurance for me and the members listed above on this form. I will not hold KHNA, Hotel or other attendees of the Convention responsible for the safety and liability during our stay at the convention site. In case of emergency, I give my permission for emergency medical treatment. I agree to abide by local, State and Federal Laws. Any damage to the hotel property caused by any of the above persons will be my responsibility.

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Date (Signature) (Printed name)