

# Kerala Hindus of North America



## 6th BIENNIAL CONVENTION

### REGISTRATION FORM

	First	Last	Middle	
Self				
Spouse				
Children	First	Last	Middle	Grade
Children				
Children				
Children				
Parents				
Mailing	Street Address	City	State	Zip Code
Phone Numbers	Email addresses		Local association	
Home:	Self:			
Self Cell:	Spouse:			
Self Work:	Youth:			
	Youth:			

REGISTRATION AMOUNT			REGISTRATION		PAYMENT	
Package	Full Amount		Registration Package	=	Pay In Full \$	=
Sri Krishna	\$20,000	<input type="checkbox"/>	Additional Member @ \$ 200	=	Advance \$	=
Balarama	\$10,000	<input type="checkbox"/>	Photo in Souvenir	=	<u>Monthly Plan:</u>	
Sri Rama	\$ 5,000	<input type="checkbox"/>	Stay for additional days @ \$129	=	.....months	
Parasurama	\$ 2,500	<input type="checkbox"/>	Discount for Shared Room	=	First Instalment \$ =	
Yamuna	\$ 1500	<input type="checkbox"/>	<u>VOLUNTARY CONTRIBUTION</u>		Make Checks Payable to :	
Narasimha	\$ 999	<input type="checkbox"/>	Scholarship Fund	=	KHNA	
Varaha	\$ 749	<input type="checkbox"/>	Charities Fund	=	Check No.	
Koorma	\$ 549	<input type="checkbox"/>	Total	=		
Matsya	\$ 150	<input type="checkbox"/>				
	\$	<input type="text"/>				

As attendee of the KHNA Convention, I acknowledge and accept the responsibility of safety, liability and medical insurance for me and members listed on the form. I will not hold KHNA, the Hotel or any attendees of the Convention responsible for the safety and liability during our stay at the Convention venue. In case of emergency, I give my permission for emergency medical treatment. I agree to abide by the Local, State and Federal laws. Any damages to the hotel room I am assigned will be my responsibility. I understand that refund will be only for those who can not travel due to medical emergency or due to a death in the family.

Print Name	Signature

