

# Malankara Orthodox Syrian Church, Diocese of South-West America

## Family Conference 2012 – Florida July 11- 14 (2012)

### Registration Form

#### Registrant's Information (Person responsible for the Family or Group)

Primary Person (1):	Last:	First:
Address & Phone:		
Church:		Email:

Additional Family or Group Members	Gender	Categ.	Email, Phone etc.
2)			
3)			
4)			
5)			
6)			
7)			
8)			

**Categ:** U2 =Children Under 2 yrs; U8 =Children under 8 yrs; U18 =Children 9 to 18 yrs; S =Students Over 18; A = Adults

#### Registration Fee - All Meals Included (Excluding Accommodation)

Registered People	Before May 1, 2012			After May 1, 2012			Total Fee	
	Category	Number	Rate \$	Amount \$	Number	Rate \$		Amount \$
Adults			\$100.00	\$0.00		\$110.00	\$0.00	\$0.00
Students & U18			\$100.00	\$0.00		\$110.00	\$0.00	\$0.00
Children Under 8			\$85.00	\$0.00		\$95.00	\$0.00	\$0.00
Children 2 yrs & under			Free - No Charge					
<b>Total Registration Fee</b>								<b>\$0.00</b>

#### Amount for Accommodation (All the rooms have 2 double beds. No small rooms available)

Type: (Choose your own rooms or sharing)	Number	Rate \$ (Inc. Tax)	Amount \$ (Inc. Tax)
Rooms: (up to 4 people per room)		\$315/Room for 3 Nights	\$ -
Single Persons: (4 people Sharing a room)		\$80/Pers. for 3 Nights	\$ -
<b>Additional Stay - Before/After</b>	No of rooms	No. of nights	<b>Rate (This rate applies only for 3 nights before &amp; after)</b>
Specify Dates: _____			\$105 per night
<b>Total amount for Accommodation</b>			<b>\$ -</b>
<b>Total amount for Registration &amp; Accommodation</b>			<b>\$0.00</b>

**Cash / Cheque (circle one):**      **Cheque payable to: "St. Thomas Orthodox Church"** (See the info. below for the address to send)

**Release of Liability:** I / We, the above named registrants, understand that the conference providers and / or the organizers are not liable for any loss or damages that may occur, due to unforeseen circumstances, during the event and / or during the travel to and from the Conference Facility. I / We hereby release any such claims, whatsoever it may be. I / We also understand that we are responsible for settling any damages or loss to the rooms we stay, directly with Hyatt Regency.

Signature:

Date:

Name:

Place:

#### Location and Contact Information

**Conference Location:** Hyatt Regency Bonaventure, 250 Racquet Club Road, Weston, Florida, 33326. Ph: 954-616-1234

**Local Airports:** Fort Lauderdale (12 miles) and Miami (25 miles) from the Conference Center

**Director:** Fr. George Daniel (Benny Achen), Ph: 954-435-2558 (H) / 954-632-8474 (C), Email: Bennyachen@yahoo.com

**Please send Completed Reg. form & Cheque to :** Mr. Mathew Kutty, 12101 NW 13th Ct, Pembroke Pines, FL, 33026, USA

**(The Registration Convener)**

Ph: 954-865-9509 (H) / 954-438-7989 (C); Email: Kutty.mathew@gmail.com

**Note:** If any specialized dietary snacks or food are required, in addition to the meals provided, please bring your own.