



**2nd WESTERN REGIONAL KNANAYA CONVENTION
KNAITHOMMAN NAGAR**

California State University Northridge
August 22nd and 23rd, 2009.

REGISTRATION FORM

(Complete the registration form by printing all applicable information in block letters)

NAME OF YOUR UNIT

CITY/STATE

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FAMILY NAME

LAST NAME

FIRST NAME

MIDDLE INITIAL

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YOUR PARISH IN KERALA

SPOUSES'S PARISH IN KERALA

--	--

ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

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HOME PHONE

CELL PHONE

E-MAIL

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SPOUSES'S FAMILY NAME LAST NAME (if different)

FIRST NAME

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YOUR DEPENDENT CHILDREN AND DEPENDENT PARENTS ATTENDING CONVENTION

Sr.No

LAST NAME

FIRST NAME

AGE

RELATIONSHIP

Sr.No	LAST NAME	FIRST NAME	AGE	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				

REGISTRATION INSTRUCTIONS AND INFORMATION:

- Only one registration form is required per family.
- Family means husband, wife, unmarried dependent children and dependent parents.
- Guests are not considered as part of family and therefore require separate registration.
- Incomplete forms, including completed forms without signatures, forms without certification from local unit, and forms without the full payment will not be accepted.
- Your local unit **Secretary must sign** the completed registration form. Mail the completed registration with payment directly to the Registration convener in the address given at the bottom of this form.

Registration requirements:

Registration for the Second Western Regional Knanaya Convention will be strictly limited to members of Knanaya Catholic Community. Those individuals born of Knanaya Parents, and if married, whose spouse is also a member of Knanaya Community in accordance with the principle of endogamy upheld by the Constitution of KCCNA.

PAYMENT: All Prices quoted are in US dollars. Add total dollar amount for registration package, food etc . Please make check payable to “**KCCSC**”. A service fee of \$30 will be charged for returned checks.

Cancellation policy: 50% of registration will be refunded on cancellation until July 30, 2009 and there will be **no refund** upon cancellation after July 30, 2009.

SIGNATURE: Valid signature is required for acceptance of registration. By signing the form, participants agree to abide by any applicable facility, local, state and federal rules and regulations. KCCSC reserves the right to deny, suspend or terminate the privilege of participants at any time for any violation of such rules. Incase of a dispute KCCSC decision will be final.

The Hotel Room (Address): Howard Johnson Inn & Suites, Phone: 818-344-0324. Rates are available from \$75 to \$85 and the Password used for Discount is "KCCSC". June 30th is the last date for Hotel Discount

REGISTRATION PACKAGE (WORK SHEET)

Description	Amount	Your Choice
GRAND SPONSOR (Full page in Souvenir is free)	\$1000	
SPONSOR (Half page in Souvenir is free)	\$500	
FAMILY REGISTRATION	\$100	
SINGLE REGISTRATION	\$50	
Saturday Lunch / Dinner (Available at Minimum Rate)		
Full page in Souvenir	100	
Half page in Souvenir	50	
Total		

Enclose payment by check payable to “**KCCSC**”.

I agree to comply with all the rules and regulation set forth by the KCCSC officials relevant to the registration and Convention.

Your signature : _____ Date: _____

Certified that the applicants are members of this Unit

Signature of local Secretary: _____ Date: _____

Name of the Secretary: _____

REGISTRATION ENQUIRIES:

Convention Chairman : Joji Manalel Phone : (818) 687 8742 Email : jojijacob@hotmail.com

Registration Convener: Shiju Appozhiyil Phone : (818) 522 2301 Email: appozhiyi@sbcglobal.net

President- KCCSC : Mathew Vettuparappurathu Phone: (818) 300 2732 Email: vettumathew@aol.com

Office use only:

Date Received: _____ Initial (Registration Official): _____ Registration #:

Confirmation #: _____ Date Confirmation Sent: _____

Mailing Address:

**2nd Western Regional Knanaya Convention.
C/O Shiju Appozhiyil
22606 Archwood ST,
West Hills , CA - 91307**