



**WORLD MALAYALEE COUNCIL**  
Xith BIENNIAL GLOBAL CONFERENCE NEW JERSEY – 2018  
<http://www.worldmalayaleecouncil.net>



RENAISSANCE WOODBRIDGE HOTEL  
515 US-1, ISELIN, NJ 08830, USA

AUGUST 24, 25 & 26TH, 2018  
EMAIL: [WMCCONFREGISTER@GMAIL.COM](mailto:WMCCONFREGISTER@GMAIL.COM)  
ONLINE: [HTTP://WWW.WMCNJ.ORG/GC2018](http://WWW.WMCNJ.ORG/GC2018)

**REGISTRANT DETAILS (AS IN PASSPORT)**

First Name _____		Middle Name _____		Last/Family Name _____	
Address (As in passport) _____			City _____	State _____	Postal _____
Country _____		Gender _____		Age _____	Phone _____
Email _____		Emergency Contact Name _____			
Address _____		Associated Province Name: _____			

Name and Province of the person that referred you: \_\_\_\_\_

**PROVIDE PASSPORT DETAILS (ONLY IF YOU ARE NOT A RESIDENT OF USA)**

Nationality _____	Place Of Issue: _____	Date Of Issue: _____	Valid Until: _____
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**FAMILY DETAILS (WHO WILL BE ACCOMPANYING YOU)**

**ITINERARY DETAILS**

Spouse (Delegate): _____ Age & Gender: _____ Child Name: _____ Age & Gender: _____ Child Name: _____ Age & Gender: _____ Child Name: _____ Age & Gender: _____ Child Name: _____ Age & Gender: _____ Child Name: _____ Age & Gender: _____	Already Have a Valid U.S. Visa: _____ Yes      No Date & Time of Arrival: _____ Date & Time of Departure: _____ Food Restrictions:    Veg    Non-Veg    Allergies?    Yes    No Address Of Stay in US: _____
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**REGISTRATION PACKAGES**

\*\* If you would like to come aboard the cruise, please add \$75 per person to the registration cost.  
Please note that registrants who chose to pay directly to the hotel (instead of via WMCNJ), will pay an additional nearly 7% sales tax.

**REGISTRATION COST (PICK PACKAGE ABOVE)**

Paid Via: _____	Cash / Check / EventNShow _____	Total Paid: _____	Confirmation#: _____	Date Paid: _____
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Additional details of payment: \_\_\_\_\_

**BELOW IS FOR WMC OFFICE ONLY**

**Registration Number:** \_\_\_\_\_

Confirmation#	Balance	Date	Comments
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**PAYMENT INSTRUCTIONS**

Make Check Payable to: WMC convention 2018. Check Mailing Address: Shobha Jacob, PO Box 75, Little Falls, NJ 07424  
EventNShow: <http://www.eventnshow.com/events/2017113002532>

By registering for the Conference, intending to be legally bound, I understand that it is my sole responsibility to provide for the visa, safety, liability and medical insurance of everyone listed on this form and I hereby agree to release from liability and to fully indemnify and hold harmless The World Malayalee Council and the Biennial Conference Committee (including, but no limited to, its officers, directors and members) and the World Malayalee Council America Region. This waiver and release is for any and all liability, including, but not limited to, personal injuries (including death), costs, expenses, property losses or damages occasioned by, or arising in connection with, any activity related to any and all Conference Events. I voluntarily assume all risk and danger relating to the Conference, whether occurring prior to, during or after the event. I fully agree to comply by the local and Federal laws of the land.

Print Your Name: _____	Date: _____	Signature: _____
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**CONTACTS**  
Thomas Mottackal: (732) 887-1066      Thangam Aravindan: (908) 477-9895      Pinto Kannampally: (973) 337-7238      Ravi Kumar: (201) 315-9146

Email for a faster response: [wmccconf2018@gmail.com](mailto:wmccconf2018@gmail.com)