

8th Biennial Global Conference of World Malayalee Council (WMC), Germany May 03-06 2012, Kardinal Schulte haus, Overather Straße 51-53, 51429 Bergisch Gladbach

DELEGATES/MEMBERS/GUEST REGISTRATION FORM

The WMC participant's registration fee for the conference is \in 50 (Fifty Euros). This is payable in advance.

Hotel Tariffs

- Accommodation including food for 3 nights (4 days) costs € 210.00
 (Euro Two Hundred and Ten Only) per Person.
- Accommodation and food for 2 nights (3 days) costs € 140.00 (Euro One Hundred and Forty Only) per Person.

Double and Single bed rooms facilities are also available for families.

*** A double bed room can accommodate 2 Adults and 2 children (below 7 yrs)

*** A single bed room can accommodate 1 Adult

The above tariff includes Breakfast, Lunch and Dinner from 03.05.2012 evening to 06.05.2012 noon.

The members or guest can contact Registration Committee Convener Mr. Johny Elanjipilly for any queries related to **Registration**. His contact details are given below.

■ Mr. Johny Elanjipilly E-mail:- johny@elanjipilly.de Tel:- 0049 221 559 4008





Registrants can pay the charges by online through the WMC account mentioned below. Cheque payment can also be made in the name of World Malayalee Council German Province.

Name of the Bank - Sparkasse KölnBonn

Account No - 1929677886

BLZ No - 3705 0198

Account Holder - World Malayalee Council

IBAN No - DE26 3705 0198 1929 6778 86

SWIFT - BIC - COLSDE33

If paying by cheque please mail it to the Treasurer, **Zille Strasse 111**, 51067 Cologne, Germany.

The WMC members/delegates/guests can find all information regarding WMC conveners, registration forms, visa application forms, tour programmes, hotel information and all other information on our newly updated website given below.

www.worldmalayalee.de

The same details can be seen in WMC Global website also. Application form for the guest who wants to join WMC is available from the WMC website.





DELEGATES / MEMBERS / GUEST REGISTRATION FORM			
First Name :			
Middle Name :			
Last Name :			
Age :	Male	[]	Female []
Address :			
:			
Country :			
Email :			
Telephone :			
Family Details (If atten	ding with family)		
Spouse Name :			
Age :	Male	[]	Female []
Children			
1) Name :			
Age :	Male	[]	Female []
2) Name :			
Age :	Male	[]	Female []
3) Name :			
Age :	Male	: []	Female []
Office Use only (to be verified by Registration Committee and Treasurer			
Verified the registration for [Euro]	rm and an amount of	€	<i>1</i>
Received From : Mi	./Mrs.		
Payment Method : On	line [] Cheqi	ıe []	
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Registration Date :		,	
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1):			
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