



HINDU MANDIR EXECUTIVES' CONFERENCE (HMEC) - 2013

DATES: SEPTEMBER 20&21, 2013

VENUE: Mississauga, Canada

REGISTRATION FORM FOR CO-HOSTS MANDIR

Dear HMEC Steering Committee:

**Yes! Please count us in.
Our Temple/Organization will be a Co-host for HMEC-2013.**

We _____ represented by our board, here by accept and confirm to be a Co-Host temple for the HMEC 2013. We are very proud to take part of this annual event representing the North American Hindu Community.

We acknowledge the following benefits of being a Co-Host of HMEC 2013

- 2 adult and 1 youth: Free registrations including vegetarian meals
- 1/2 page advertisement of the temple in HMEC 2013 Souvenir
- Temple presentation at the conference
- Active Leadership and participation in planning and executing the conference.

Our Basic Information is as follows:

Name	
Address	
Tel	
Email	
Web URL	
Name & Phone of Chair Person	
Name & Phone of Contact Person	

INFORMATION ABOUT DELEGATE(S)

ADULT DELEGATES	
DELEGATE # 1	GENDER : M / F
NAME	
TITLE	
CONTACT NUMBER EMAIL ADDRESS	CELL: HOME:
DELEGATE # 2	GENDER : M / F
NAME	
TITLE	
CONTACT NUMBER EMAIL ADDRESS	CELL: HOME:

Student or YOUTH (AGE <30)	
YOUTH DELEGATE # 1	GENDER : M / F
NAME	
TITLE	
CONTACT NUMBER EMAIL ADDRESS	CELL: HOME:

Note: Please provide details for additional delegates in a separate sheet, like above. Additional cost apply.

Registration Fees

Our Co-Host registration fees of \$501 along with an additional donation support of \$_____ to HMEC 2013 via – On-Line _____ Check _____ Credit Card _____

Payment Method:

(1) Online Registration: www.myhmec.com

(2) By check: Checks should be **payable to HMEC**. Write HMEC-2013 in the subject/memo line.
Please mail registration form and payment to: Vasav Mehta, HMEC-2013, 2928 Fontainebleau Dr., Atlanta, GA 30360

(3) Credit card: please fill below.

Name as it appears on the credit card: _____

Address on record with the credit card company, if different than given on page1:

Address: _____ City: _____ State _____ Zip _____

Credit Card Type: VISA MASTER CARD DISCOVER

Security Code:

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Credit Card Number	Exp. Month/Year																							
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I authorize to VHPA to charge \$_____ to above credit card for HMEC 2013. I agree to pay the charges as per the terms and conditions of my credit card company.

Signature

Date