

ASSOCIATION OF MAR IVANIOS COLLEGE OLD STUDENTS IN NORTH AMERICA (AMICOSNA)

INTERNATIONAL CONVENTION 2024 & MIC'S 75 TH ANNIVERSARY CELEBRATIONS

REGISTRATION FORM

(Complete the registration form by printing all applicable information.

Please read the instructions and very important information provided on the next page before filling out the form.)

Main Registrant First Name	MI	Last Name	Gender	Age	Reg#: Office (Office Use only)

Your City/State	
Your Local AMICOS Chapter	
Home Address	
City	
State/Province	
Zip Code	
Home Phone	
Cell Phone	
Email Address	

List ALL family members including the main registrant attending the Convention

	First Name	Last Name	Age	Gender	Relationship	Special Needs/Allergies (if any)
1				M / F		
2				M / F		
3				M / F		
4				M / F		
5				M / F		
6				M / F		
7				M / F		
8				M / F		

SIGNATURE: A valid signature is required for the acceptance of this registration. By signing this form, participants agree to the rates and to abide by any applicable local, state, federal, and hotel rules and regulations. AMICOSNA, Inc. reserves the right to deny, suspend, or terminate participants' privileges at any time for any violation of such rules. In case of a dispute, the decision of the AMICOSNA Executive Committee will be final.

I and all listed participants in this registration form agree to comply with all the rules and regulations set forth by AMICOSNA, Inc. relevant to the registration and convention. A parent or legal guardian's signature is required for anyone below 18 years of age if not accompanied by a parent / legal guardian. Signature (Self / Parent / Legal Guardian): _____
Date: _____

WORKSHEET TO CALCULATE COST FOR THE CONVENTION

# of Participants	Cost (select applicable)	# of Rooms	Sub-Total in USD	office Use (Do Not Write)
Participants above the age of 8 <i>(born on or before 10/10/2016)</i>	Early Bird Rates - Until 15th April 2024	<input type="checkbox"/> Individual occupancy \$800	.....	US \$
		<input type="checkbox"/> Adults (2) \$1,050	.....
		<input type="checkbox"/> Family (2 adults and 2 Kids) \$1,250	.....
		<input type="checkbox"/>		
Children 4 - 8 <i>(born between 10/10/2016 - 10/9/2020)</i>		Children 4 – 8 (per child) — \$200 Children below 4 – Free	.....	US \$
Sponsor Level	<input type="checkbox"/> Elite (US \$50,000) <input type="checkbox"/> Platinum (US \$10,000) <input type="checkbox"/> Diamond (US \$25,000) <input type="checkbox"/> Gold (US \$5,000)		.....	US \$
Souvenir Compliment (Early Bird Special)	<input type="checkbox"/> Full Page (US \$500) <input type="checkbox"/> Half Page (US \$250) <input type="checkbox"/>		US \$
Grand Total			.....	US \$
Payment enclosed	US \$	Pending Balance	.....	US \$

Date Received: _____ Official: _____ Registration #: _____ Date Confirmation sent: _____
Remark :

REGISTRATION INSTRUCTIONS AND INFORMATION

- ◆ Registration start date: March 15, 2024 **Early Registration Offer Ends: April 15, 2024**
- ◆ Registration end date: September 30, 2024
- ◆ Registrations after May 31st will be considered only according to the availability of rooms and available rate by Hotel.
- * Online registration is recommended and the Registration Form can be filled out or downloaded from the AMICOS website-www.amicosna.org
- * One registration form is required per family.
- * Normally, children are admitted only along with the parents or guardians. However, if they need separate room, an adult's room rate will be charged for the first child. All participants aged 8 and above will be charged an adult rate.
- * Guests are not considered as part of the family and therefore require individual registration.
- * A non-refundable payment of \$300 per person if the participant cancels the registration. The early offer payment is April 15th, 2024. Your registration is deemed confirmed only after the full payment.
- * Total payment must be made in USD or equivalent currency.
- * Payments must be made either by a check payable to: 'AMICOSNA, Inc.' and mailed to Cindy Xavier, 6621 Hill Top Dr., Troy, MI 48098 OR payment using Zelle® by entering our email address: info@amicosna.org or phone: 630 890 5045
- * You may be required to present your credit card at the time of hotel check-in.
- * Hilton Garden Inn Dallas/Duncanville hotel check-in starts at 3.00 PM on Friday October 11, 2024 and checkout is before 11 AM Monday October 14, 2024

SPONSORSHIP INFORMATION

Sponsor Type	Sponsorship	Benefits	
Elite Visionary	\$50,000 USD	1 suite + 3 rooms & up to 12 people, Full page souvenir compliment, plaque	Sponsors will be recognized during the event
Diamond Benefactor	\$25,000 USD	1 suite + 2 rooms & up to 10 people, Full page souvenir compliment, plaque	
Platinum Patron	\$10,000 USD	2 rooms & up to 8 people, full page souvenir compliment, plaque	
Gold Guardian	\$ 5,000 USD	2 rooms & up to 4 people, full page souvenir compliment, plaque	

REGULAR CONVENTION RATES

(include food and accommodation from at 3 PM October 11th to 11:00 PM October 13th, 2024. All rates are in US Dollars.)

	Number of People per room	Rate	Souvenir Compliments	
	Standard Room	Single occupancy	\$1,000 USD	Full Page Color	$1,000 USD
Double occupancy (2 Adults)		\$1,250 USD	Half Page Color	\$500 USD
Quad occupancy (Family - 2 adults and 2 kids)		\$1,500 USD	Quarter Page Color	\$300 USD
Children 4-8		\$200 USD		
Children below 4		Free		

Worksheet to calculate cost for the convention

# of Participants	Cost (select applicable)	# of Rooms	Sub-Total in USD	office Use (Do Not Write)		
Participants above the age of 8		<input type="checkbox"/> Standard Room Single occupancy	\$1000 USD		US \$	
		<input type="checkbox"/> occupancy	\$1250 USD			
		<input type="checkbox"/> Quad occupancy	\$1500 USD			
Children 4 - 8		Children 4 – 8 (per child) — \$200 Children below 4 – Free		US \$		
Sponsor Level	<input type="checkbox"/> Elite (US \$50,000) <input type="checkbox"/> Platinum (US \$10,000) <input type="checkbox"/> Diamond (US \$25,000) <input type="checkbox"/> Gold (US \$5,000)			US \$		
Souvenir Regular Souvenir members W/Registration	<input type="checkbox"/> Full Page \$1000 <input type="checkbox"/> Half Page \$500 <input type="checkbox"/> Quarter page \$300 <input type="checkbox"/> Full Page \$500 <input type="checkbox"/> Half Page \$250 <input type="checkbox"/> Quarter page \$175			US \$		
Grand Total				US \$		
Payment enclosed	US \$	Pending Balance		US \$		

PAYMENT: Please make personal check, cashier's check or money order payable to "AMICOSNA, Inc". A bank service fee of \$35 will be charged for returned checks. Please send your completed Registration Form and the payment to the address below:

Mailing Address:

Important Dates

ATTN: Cindy Xavier C/o AMICOSNA, Inc 6621 Hill Top Dr Troy, MI 48098 Mobile: (248) 835-8885	Registration start date: February 15, 2024 Registration end date: September 10 , 2024 Final payment due date: May 31st , 2024
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CONFIRMATION: You will receive a confirmation email with your registration number as proof of acceptance to attend the Convention. However, your registration will only be confirmed after receiving the full payment.

Convention General Convener : Mr. Jacob John (aka, Jimmy Kulangara) Convention Co-Chair : Mr. Sujan Kakkannatt AMICOSNA President : Mr. Sabu Thomas AMICOSNA Secretary : Dr. Varghese Mathai AMICOSNA Treasurer : Mrs. Cindy Xavier	Registration Inquiries : Mrs. Reena Parangot (443) 852-2879 Mr. Sabu Thomas (630) 890-5045 Mr. Jacob John (469) 371-0638 Mr. Sujan Kakkannatt (682) 564-4182 Souvenir Inquiries : Mrs. Synu John (403) 830-7280 General Inquiries : Dr. Varghese Mathai (763) 443-1626 info@amicosna.org
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