



# Holy Family & Medical Mission India Alumni

## 5th REUNION REGISTRATION FORM

Dates: November 9th, 2019

Venue: Sheraton Suites Fort Lauderdale at Cypress Creek and Grand Cypress Room  
555N.W.62nd Street Fort Lauderdale Florida 33309, USA  
Telephone: (954)772-5400

Accommodation: To reserve your room, please call (954)772-5400 and use Code HolyFamily Medical Mission Reunion to get the discounted room rate for Nov 8th to Nov 10th 2019., Room Rate \$89 plus tax for 2 adult/per night. Breakfast served at Sheraton for a price

**PLEASE PRINT**

Name: (Sr., Mr., Mrs., Ms., Dr.) Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email ID \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name, State & Town of Holy Family Hospital or Medical Mission Sisters Institution of your Study / Work / Practice:

Year of graduation \_\_\_\_\_ Specialty \_\_\_\_\_ Years of Work \_\_\_\_\_ Department \_\_\_\_\_

### REGISTRATION FEES: (US Dollars Only, Make Checks Payable to HFMMIA)

*Covers conference hall, Saturday dinner, DJ and sound system, and entertainment*

Alumni (\$150.00) \_\_\_\_\_ Spouse(\$100.00) \_\_\_\_\_ Alumni & Spouse (\$250.00) \_\_\_\_\_ GUEST MEAL \_\_\_\_\_ (\$50)

#### Menus: Dinner Table --BUFFET

Jungle Queen Riverboat\_\_ Friday NOV 8TH 4 HRS -----at 6pm to 10pm \$60 plus transportation/person \_\_\_\_\_  
Dinner, Show & Sightseeing Cruise

Jungle Queen Riverboat--: Saturday NOV 9TH 90 minutes--- at 11am \$25.50plus transportation / person \_\_\_\_\_  
Soft Drinks, Snack liquor & Sightseeing

Souvenir Coffee Mug :\$8 No \_\_\_\_\_ Yes \_\_\_\_\_

\*\*\*Interested in 4days cruise carnival cruise line Please contact Jacob 954-336-7731 \*\*\*leaving on 11th nov from miami\*\*\*

\*\*\*Interested in 7days cruise norwegian cruise line Please contact Jacob 954-336-7731\*\*\*leaving On 10th nov from miami\*\*\*

Total Amount Enclosed: \_\_\_\_\_

If spouse and / or additional guest(s) attending / traveling, please list their names below:

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail **Completed** Reunion Registration Form with applicable Fees to: Mary James, 5236 NW 98<sup>th</sup> Ln, Coral Springs, Florida 33076, USA

**Dead line to register-AUGUST 15TH, 2019**

**(CONTACT NOS).- MARY KUNTHARA 512-917-9609 ELSY VATHELIL 954-821-8389 MARY JAMES 954-536-3810 ALEX MAMMEN 904-302-6307**

REGISTRATION & PAYMENT SUMMARY (OFFICIAL USE ONLY)-----

Alumni \_\_\_\_\_ Alumni & Spouse \_\_\_\_\_ Number of Guests \_\_\_\_\_ Registration Amount Received \$ \_\_\_\_\_ Bus Tour Amount Received \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_ [ ] Personal check [ ] Cash

Receipt Issued / Emailed [ ] Entered in Registration Record Yes \_\_\_\_\_ No \_\_\_\_\_