



REGISTRATION FORM FOR HMEC-2009
CONFERENCE DATES: SEPTEMBER 11, 12 & 13, 2009
AT HOLIDAY INN, BWI AIRPORT
890 ELKRIDGE LANDING RD., LINTHICUM , MD 21090
PHONE: 410-859-8400



*Yes. Please count us in. Our Mandir/Institution/
 Organization would participate in HMEC-2009.*

Name of Mandir/Institution/Organization: _____

Address _____

Web site _____

Telephone _____

Email Address _____

Name of chairperson _____

INFORMATION ABOUT DELEGATE(S)

Delegate #1 Name: _____

Address _____

City, State, Zip code _____

Tel. (Home) _____ Cell Phone _____

Email Address _____

Delegate #2 Name: _____

Address _____

City, State, Zip code _____

Tel. (Home) _____ Cell Phone _____

Email Address _____

If there are more than two delegates, please provide information about them on a separate sheet.

PLEASE PROVIDE PAYMENT DETAILS ON THE REVERSE SIDE
(Please fill out both sides)

