

Application Form

Please complete this application and return it along with your registration fee by September 1. Please register by mail or fax and make checks payable to **University of Hawai'i**. Payment must accompany all registrations.

Mail to:

UH Conference Center
2530 Dole St., Sakamaki C404
Honolulu, HI 96822
Phone: (808) 956-8204 • Fax: (808) 956-3364

Name _____

Title _____

Organization _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

Email _____

_____ Package A \$90 per person
_____ Package B \$60 per person
_____ Package C \$40 per person

Amount Enclosed \$ _____

_____ Check made payable to the University of Hawai'i

_____ Purchase Order. P.O.# _____

Authorized signature _____

_____ I hereby authorize University of Hawai'i the use of my credit card account:

_____ VISA _____ MasterCard Exp. date (MO/YR) _____

Credit Card No. _____