



Hawaii University International Conferences
SPONSOR & EXHIBITOR REGISTRATION FORM
2022 AHSE and Education Conference January 5, 6 & 7
Honolulu, Hawaii
Prince Waikiki Resort

For Mailing or Fax in registration: Please complete all sections of this form, send in by regular mail to P.O. Box 29056, Honolulu, Hawaii 96820 or fax to: 1-808-847-4288. Once received, we will acknowledge it by e-mail. For any questions, contact us at office phone: 1-808-537-6500.

| | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Exhibitor <input type="checkbox"/> Sponsor | | |
| Company's Name: | | |
| Company's Official Contact Name: | | |
| Designation: | | |
| E-mail Address: | | |
| Mailing Address: | | |
| City: | State: | Zip/Postal Code: |
| Country: | Best Contact/Phone: | |
| Conference Exhibitor/Sponsor Registration Fees: | | |
| <input type="checkbox"/> | 1. Tier I: US\$500.00 | (Includes 1 Breakfast on January 5, 2022) |
| <input type="checkbox"/> | 2. Tier II: US\$1,000.00 | (Includes 2 Breakfasts on January 5, & 6 2022) |
| <input type="checkbox"/> | 3. Tier III: US\$2,000.00 | (Includes 2 Breakfasts on January 5, & 6, & 2 Lunches on January 7, 2022) |
| <input type="checkbox"/> | Additional Breakfast @ \$45.00 each | Number/s of Additional Breakfast: _____ |
| <input type="checkbox"/> | Additional Lunch @ \$50.00 each | Number/s of Additional Lunch: _____ |
| Deadline for Registration: December 12, 2021 | | Sub Total: _____ |
| Confirmation of participation is by payment only. | | |

Check/Cheque (No personal account): Please make check/cheque payable in US\$ only to: **"Hawaii University International Conferences"** (Federal ID #27-3464653) and mail it with your completed registration form to **Hawaii University International Conferences, P.O. Box 29056, Honolulu, HI 96820.**

Credit cards: for faxing and mailing in registration: Visa Mastercard

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|---|---------------------------------------|-----------------------------|
| Please charge the total amount/payment: (including payment for additional breakfast and lunch) | | Total Amount US\$: _____ |
| Card #: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> | Expiration Date: <input type="text"/> | *CCV#: <input type="text"/> |
| Name on card: | Signature: _____ | |

* This is a 3-digit security number written on the backside of your credit card.

| | | |
|------------------------|--------------------|--------------------|
| For Official Use Only: | Received on: _____ | Recorded by: _____ |
| Check #: _____ | Amount: _____ | |
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