



**Hawaii University International Conferences
SPONSOR & EXHIBITOR REGISTRATION FORM
2025 AHSE Conference January 6, 7 & 8
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:		
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City:	State:	Zip/Postal Code:
Country:	Best Contact/Phone:	
Conference Exhibitor/Sponsor Registration Fees:		
<input type="checkbox"/> 1. Tier I: US\$1,000.00 (Includes 1 adult breakfast on January 6, & 7, & 1 adult Lunch on 8th, 2025)		
<input type="checkbox"/> 1. Tier II: US\$2,000.00 (Includes 2 adult breakfasts on January 6, & 7, & 2 adult Lunches on 8th, 2025)		
<input type="checkbox"/> Additional Breakfast @ \$56.00 each	Number/s of Additional Breakfast: _____	
<input type="checkbox"/> Additional Lunch @ \$65.00 each	Number/s of Additional Lunch: _____	
Deadline for Registration: November 15, 2024		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:		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
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 _____	
Card' Billing Address: _____			
City: _____	State: _____	Zip/Postal Code: _____	Country: _____

*The 3-digit numbers/security code is found on the back of your credit card.