



CONNECTION ONE

Semi-Annual Meeting
August 27 and 28, 2010 (Friday and Saturday)
Hilton Hawaiian Village Beach Resort & Spa
2005 Kalia Road, Honolulu, Hawaii, 96815
Meeting Registration Form (please type or print clearly)

Name (First & Last):	
Name for Badge:	
Advisor's Name:	
Title:	
Company:	
Mailing Address	
City:	State/Zip:
Phone:	Fax:
Email:	
Assistant's Name:	
Assistant's Phone:	
Assistant's Email:	

Meeting Registration Fee:

- \$300 per person DUE prior to July 1, 2010* \$300.00
- \$150 for each participating spouse or family member* No. ___ @ \$150.00 = \$ _____
- Total payment/charge: \$ _____

For Credit Card payment, fill in the information below and fax to: (808) 956-5746

Credit Card #: _____

Name (as appears on card): _____

Type of Card: _____ **Expiration Date:** _____
(Mastercard or Visa only)

Card Security Code: _____

NOTE: *Due to the value of benefits received, no portion of your payment may be considered a charitable contribution.
Registration fees are to cover the cost of the meals provided during the meeting and we welcome spouses and/or family members to register and join in the group meals (day 1-breakfast, lunch, dinner; day 2- breakfast, lunch; and breaks for both days)

If you have any questions please call 808.956.9687 or email imanaka@hawaii.edu