REGISTRATION FORM
2008 Micronesian Voices in Hawaii Conference
3-4 April 2008

Feel free to copy this form for additional registrations
Please print or type.

Name: __________________________________________________________
                     Last       First

Affiliation:_______________________________________________________

Mailing Address: ________________________________________________
_________________________________________________________________

                   City          State          Zip code

Phone: ___________________________                         business       fax

Email address: ________________________________________________

Registration fee:  $20 for participant $___

                    $5 for student    $___

Parking at Imin Conference Center:

                  $4 (April 3)    $___
                  $4 (April 4)    $___

Total:            $ ________

Form of payment:

  __ Check made payable to the University of Hawaii

  __ Purchase order.  P.O #________________________
                       (Must accompany registration form)

  __ I hereby authorize UH Outreach College the use of my credit card account:

        ___ VISA  ___ MasterCard

Credit Card No.________________________
CVV2 code (last 3 digits on signature strip) _____________

Expir. date (Mo/Yr) ________

Signature __________________________________________
Print Name: __________________________________________

Send registration form and payment to: UH Conference Center
2530 Dole St., Sakamaki, C403
Honolulu, HI 96822
808.956.8204 [phone]; 808.956.3364 [fax]
UHCC I.D. # C09639

Luncheon choice: ___Standard ___Vegetarian