

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