REGISTRATION FORM

Hidden Treasures:
Accessing the Riches in Pacific Collections
15–16 March 2007
Imin Conference Center, Honolulu, Hawai‘i

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 general participants
- ☐ $5 for students
- ☐ $20 for conference dinner; 6:30 pm, 16 March, at the Maple Garden Restaurant, 909 Isenberg (optional)
- ☐ $4 a day, parking – 15 March (optional)
- ☐ $4 a day, parking – 16 March (optional)

_____ TOTAL

Form of payment:

- ☐ Check made payable to the **University of Hawai‘i**
- ☐ Purchase order. P.O #_____ (Must accompany registration form)
- ☐ I hereby authorize University of Hawai‘I, 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 _____

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. # C08994