

Convocation Awardees Luncheon
Monday, September 9, 2002 • Noon
Campus Center Ballroom

Please reserve ____ places at \$18 per person
(10 seats per table)

Enclosed is my check for \$ _____
(payable to **University of Hawaii Foundation**)

Name _____

Department/Address _____

Telephone (H) _____ (W) _____

Fax _____ E-mail _____

Name(s) of Guest(s) _____

(Attach separate sheet if necessary)

Return completed card and payment to:

Special Events Office

Bachman Annex 6, 2444 Dole Street, Honolulu, HI 96822

For information call 956-6934

RESPONSE DEADLINE IS FRIDAY, AUGUST 30, 2002