

Convocation Luncheon Reservation Form

Thursday, October 2, 2003

11:30 a.m.

Campus Center Ballroom

Number of places reserved (at \$20 per person):  
(10 seats per table)

Enclosed is a check for: \$  
(Payable to University of Hawai'i Foundation)

Your Name:

Campus/Dept./Address:

Daytime Telephone:

Fax:

E-mail:

Name(s) of Guest(s):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Please advise if there are any special needs or dietary restrictions:

Return completed form and payment by FRIDAY, SEPTEMBER 19, 2003, to:

**Public Relations and Special Events Office, Bachman Annex 6,  
2444 Dole Street, Honolulu, HI 96822**