

REGISTRATION FORM



Kū i Ka 'Oha – Models for the Next Generation

7th Annual
NHEA Convention
March 28 & 29, 2006
Leeward Community College
www.nhea.net

ATTENDEE PROFILE

Please type or print clearly

Deadline: Advance registrations must be postmarked by March 15, 2006. After March 15, registrations will be accepted in person on-site.

Payment: Form of payment must accompany registration. Credit card numbers submitted with registration payment will be processed upon receipt. Registrations will not be processed without payment.

Purchase Orders: Government and company purchase orders with authorized signature will be accepted and must accompany the registration form. Participants registering by purchase order will be billed for nonattendance unless notification of withdrawal is made by March 15, 2005.

Refunds: Requests for refunds will be received at the UH Conference Center by March 22, 2006, in writing at the FAX number or address below. Any refund thereafter will be charged a 25% handling fee. Refunds will be mailed. Please allow approximately three to five weeks for processing.

Direct all registration inquiries to:

UH Conference Center
Phone: (808) 956-8204
FAX: (808) 956-3364

Mail registration and payment to:

UH Conference Center
2530 Dole Street,
Sakamaki C403
Honolulu, HI 96822

Last Name

First Name

Middle Initial

Title

Institutional Affiliation (if any)

Street Address

City

State

Zip Code

Home Phone

Work Phone

FAX

E-mail Address

Are you willing to receive email announcements from NHEA? Yes No

CONFERENCE FEES

Registration includes membership fee, 4 meals & concert.

		Postmarked by March 15, 2006
Choose One	<input type="checkbox"/> NHEA Member (of Hawaiian Ancestry)	<input type="checkbox"/> \$130
	<input type="checkbox"/> Associate Member (Non-Hawaiian Participant)	
	<input type="checkbox"/> Student Member (grades 7-12)	<input type="checkbox"/> \$80

FORM OF PAYMENT

- Check payable to the **University of Hawai'i**
 Purchase Order payable to the **University of Hawai'i**

Purchase Order #:

- Credit Card

I hereby authorize the University of Hawai'i the use of my credit card account:

VISA MasterCard Expiration Date (Mo/Yr) _____

Credit Card No. _____

Signature: _____

Printed Name: _____

Please complete a separate registration form for each person who is registering.