

Registration Form

Early Registration:
September 1, 2004

Secretariat

Pacific Rim Concepts LLC
45-520 Kamooalii Street
Kaneohe, HI 96744
Ph: 808-864-9812
Fax: 1-866-211-3427
Email: prc@hawaii.rr.com

On-site Registration

opens on Tuesday, November 2 at 7:00 am at the Hawai'i Convention Center, Mānoa Room 304 and runs throughout the Symposium.



Cancellations

Should you need to cancel your registration, you may reassign it to another person. Please notify Pacific Rim Concepts LLC.

If you are unable to arrange a replacement, a full refund less an administration charge of \$75 will be made providing notification is received by October 1.

Website

www.hawaiianatolls.org/sym3

Please complete as you would like your name, and organization listing to appear on your symposium badge. Please type or print information. We request that all information be submitted in English.

Last Name		First Name	
Organization			
Postal Address			
City	State	Country	Zip Code
Email	Telephone	Fax	
Special Requirements			

ACCOMPANYING GUEST(S)

Spouse or Guest are welcome to attend the Welcome Reception at a charge of \$25.00 per person Spouse Guest
 Mr. Ms. Dr. Other _____
Name (Last, First)

REGISTRATION FEES

Full Registration includes Proceedings Book, Amenities; Daily Continental Breakfast, and Welcome Reception.

Early Bird, On or Prior to September 1	\$150.00	
Standard, After September 1	\$200.00	\$
Daily Registration - one day rate (Proceedings and Amenities not included)	\$ 80.00	\$
Student Rate (Proceedings and Amenities not included)	\$ 25.00	\$
Spouse / Guest Welcome Reception	\$ 25.00 ea.	\$
Proceedings Book	\$ 20.00 ea.	\$
Total Fees		\$

PAYMENT:

- Checks, payable to - *Pacific Rim Concepts LLC - NWHI*
 Wired Funds Purchase Order No. _____
 Credit Card: Master Card Visa

Credit Card transactions will show Pacific Rim Concepts LLC on the statement. Please add 4% service charge for credit card transactions.

Total Fee	\$
4% Service Charge	\$
Total Charge	\$
Credit Card No.: _____ - _____ - _____ - _____	Exp. Date: ____ / ____
Cardholders' Name (As appears on card)	
Signature	

Mail or Fax Registration to:

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