



Hawaii University International Conferences
VENDOR REGISTRATION FORM 2017
STEM/STEAM and Education Conference
June 8, 9 & 10, Honolulu, Hawaii
Hawaii Prince Hotel Waikiki

For Mailing or Fax in registration: Please complete all sections of this form, send in by regular mail to P.O. Box 29056, Honolulu, Hawaii 96820 or fax to: 1-808-847-4288. Once received, we will acknowledge it by e-mail. For any questions, contact us at office phone: 1-808-537-6500.

Vendor's Name:		
Vendor's Official Contact Name:		
E-mail Address:		
Mailing Address:		
City:	State:	Zip/Postal Code:
Country:	Best Contact/Phone:	
Conference Vendor Registration Fees:		
<input type="checkbox"/> US\$150.00 (Includes 1 Table & 2 Chairs, on June 8 -10, 2017)		
<input type="checkbox"/> Additional Breakfast (June 8 & 9) @ US\$40.00 each _____	<input type="checkbox"/> Additional Lunch (June 10) @ US\$45.00 each _____	
Deadline for Registration: May 20, 2017. Confirmation of participation is by payment only.		Sub Total: US\$ _____

Check/Cheque (No personal account): Please make check/cheque payable in US\$ only to:
“Hawaii University International Conferences” (Federal ID #27-3464653) and mail it with your completed registration form to **Hawaii University International Conferences, P.O. Box 29056, Honolulu, HI 96820**

Credit cards: for faxing and mailing in registration: Visa Mastercard

Please charge the total amount/payment: (including payment for additional Breakfast and Lunch)	Total Amount: US\$ _____
Card #: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Expiration Date: <input type="text"/> *CCV#: <input type="text"/>
Name on card:	Signature:

* This is a 3-digit security number written on the backside of your credit card.

For Official Use Only:	Received on: _____	Recorded by: _____
Check #: _____	Amount: _____	
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