



**Hawaii University International Conferences**  
**VENDOR REGISTRATION FORM**  
**2015 Arts, Humanities, Social Sciences &**  
**Education Conference**  
**January 3, 4, 5 & 6 Honolulu, Hawaii.**

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"/> \$150.00 (Includes 1 Table & 2 Chairs, on January 3, 4, 5 & 6, 2015)		
<input type="checkbox"/> Additional Breakfast @ \$30.00 each	No. of additional breakfasts: <input style="width: 50px;" type="text"/>	
<b>Deadline for Registration: December 19, 2015.</b> <b>Confirmation of participation is by payment only.</b>		

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 breakfasts)	US\$ _____
Card #: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	Expiration Date: <input style="width: 40px;" type="text"/> *CCV#: <input style="width: 30px;" 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: _____	
Presenter/Author Reference #: _____		