



**Hawaii University International Conferences**  
**REGISTRATION FORM**  
**2019 S.T.E.M/S.T.E.A.M and Education Conference**  
**June 5 - 7, 2019 - Prince Waikiki Resort - 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, HI 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.

Preferred salutation:	<input type="checkbox"/> Prof.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Presenting
	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> .....	<input type="checkbox"/> Non-presenting
First Name:		Family/Last Name:		
Affiliation:		Department:		
E-mail Address:				
Alternate E-mail Address:				
Mailing Address:				
City:	State:	Zip/Postal Code:		
Country:	Contact/Phone:			

**CONFERENCE REGISTRATION FEES**

- 1. US\$375 (Early registration by January 31, 2019)
- 2. US\$425 (February 01 – March 31, 2019)
- 3. US\$475 (April 01 – May 15, 2019)
- 4. US\$500 (May 16 – June 7, 2019)

<b>SUB TOTAL</b>

The Conference Registration includes 2 breakfasts for June 5-6, 2019 and 1 Lunch on June 7, 2019

Each additional breakfast/lunch for family and friends:

Adult Breakfast .....	US\$40.00 x _____	(Qty/#)	US\$ _____
Children (6-10 years) Breakfast .....	US\$20.00 x _____	(Qty/#)	US\$ _____
Adult Lunch .....	US\$45.00 x _____	(Qty/#)	US\$ _____
Children Lunch (6-10 years) .....	US\$25.00 x _____	(Qty/#)	US\$ _____

<b>SUB TOTAL</b>

***\*There is a charge of \$85.00 for service and administration for refunds on registration. Requests for refund and cancellation must be received in writing/e-mail by May 01, 2019. There will be no refunds after May 02, 2019. Confirmation of participation is by payment only.***

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.**

Please charge the total amount/payment: (including payment for additional meals)		Total Charges in US\$	
Credit cards: for faxing and mailing-in registration:		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card #:	<input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	Expiration Date:	<input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> *CCV #: <input style="width: 20px; border: 1px solid black;" type="text"/>
Name on card:		Signature:	
Card's Billing Address:			
City:	State:	Zip/Postal Code:	Country:

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