



Hawaii University International Conferences
REGISTRATION FORM
2019 Arts, Humanities, Social Sciences & Education Conference
January 3-5, 2019 - Prince Waikiki Hotel - 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

<input type="checkbox"/>	1. US\$375 (Early registration by August 13, 2018)	SUB TOTAL
<input type="checkbox"/>	2. US\$425 (August 14 – October 15, 2018) - Extended to Oct. 31,2018	
<input type="checkbox"/>	3. US\$475 (November 1 – December 18, 2018)	
<input type="checkbox"/>	4. US\$500 (December 19, 2018 – January 06, 2019)	

The Conference Registration includes 2 breakfasts (January 3-4, 2019) and 1 Lunch on January 5, 2019

Each additional breakfast/lunch for family and friends:

Adult Breakfast	US\$40.00 x _____	(Qty/#)	US\$ _____	SUB TOTAL
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\$ _____	

There is a charge of \$85.00 for service and administration for refunds on registration.

Refund requests must be received in writing/e-mail by November 30, 2018.

There will be no refunds after December 01, 2018. 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 breakfasts)	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; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Expiration Date: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	*CCV #: <input style="width: 20px; height: 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.