

REGISTRATION FORM FOR CTAHR STUDENTS

**The College of Tropical Agriculture and Human Resources and CTAHR Alumni Association's
21st Annual Awards Banquet on April 30, 2009**

This form is for CTAHR students ONLY. Please use one form per student.

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

RSVP CHOICES

Besides my seat at \$30.00,

I would like to reserve _____ seats for my guests at \$70.00/seat.

PAYMENT

I am enclosing payment for:

My \$30.00 seat \$30.00

My _____ guest(s) at \$70.00/seat \$ _____ .00

For a total of: \$ _____ .00

Checks are to be made out to "UH Foundation".

If you wish to pay by credit card, please provide the information requested below.

Please charge \$ _____ to my Visa MasterCard American Express Discover

Credit Card # _____ Exp. Date _____

Name as printed on card _____ Signed _____

Please send this RSVP to: CTAHR, Office of Communication Services
3050 Maile Way, Gilmore 119
Honolulu, Hawaii 96822

Please kindly respond with payment by Tuesday, April 14, 2009.

NAMES OF ALL THOSE TO BE SEATED AT MY TABLE:

	<u>GUEST</u>	<u>VEGETARIAN</u>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS? Please contact Victoria Perry at 808-956-3090 or events@ctahr.hawaii.edu.