CONFERENCE REGISTRATION

REGISTRATION INFORMATION

Name __________________________________________________ Title ___________________________________________
Address __________________________________________________ City/State/Zip ____________________________
Daytime Phone (______)___________________ Fax (______)___________________ E-mail ___________________________

Conference Registration Fee ………………………………………………………………………………………………..$ 200.00

Payment Information:

Please make your check payable to: RCUH Acct. #1828

Please mail or fax completed registration forms by August 30, 2004 to:

Charles Kinoshita
University of Hawaii
College of Tropical Agriculture and Human Resources
3050 Maile Way, Gilmore 211
Honolulu, HI 96822

Fax: (808) 956-3706

If faxing registration form, payment must be received by September 10, 2004

For Office Use Only:  Amt.: $______________ Check #:_________________ Date Inputted: ____________________ Initial: _________