

97th Annual Banquet & Awards Hawaiian Luau

Registration Form

Business Name: _____

Contact Name: _____

Mailing Address: _____

E-mail: _____

Telephone: _____

Other Questions/Requests: _____

Please List the Full Names for Each Attendee and Circle a Meal Choice for Each.

- Names listed will be used for printing name tags
- All incomplete meal choices will receive a regular meal.
- Please use additional form to list more than 5 attendees.

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Registration Form

Name: _____ Regular/Vegetarian

Name: _____ Regular/Vegetarian

Name: _____ Regular/Vegetarian

Name: _____ Regular/Vegetarian

Name: _____ Regular/Vegetarian

Payment Information

 Invoice Me

Check Enclosed - Check # _____

Cash Enclosed - Amount \$ _____

Paid in Office/Credit Card - Date _____