



## The Retina Center at Pali Momi

**“Celebrating 15 Years”**

**October 9-11, 2008**

JW Marriott Ihilani Resort & Spa  
Ko'Olina Resort – Oahu, Hawaii

### PROGRAM REGISTRATION

Name \_\_\_\_\_  
Last First Degree(s)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Clinical Specialty \_\_\_\_\_

**Registration Fee** (includes program materials, continental breakfasts, lunch, refreshment breaks, welcome reception and dinner banquet). Please check one:

Physician - \$250 Registration Fee \$ \_\_\_\_\_

Banquet (\$50 per guest) Number of guests \_\_\_\_\_ Guest Banquet Fee \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

#### Payment Options

By check (make check payable in U.S. dollars to Hawaii Pacific Health)

Mail check to: Hawaii Pacific Health Conference Services  
1100 Ward Avenue, Suite 1045  
Honolulu, HI 96814

By credit card:  Visa  MasterCard

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_

Fax credit card payment to: (808) 522-4455 or mail to:  
Hawaii Pacific Health Conference Services  
1100 Ward Avenue, Suite 1045  
Honolulu, HI 96814

**Cancellation Policy:** Requests for refunds must be received in writing no later than September 22. A handling fee of \$50 will be deducted from each cancelled registration.

**ADA Policy:** We will make all reasonable efforts to accommodate persons with disabilities. Please call (808) 522-3469 to make your special request.

For questions or inquiries regarding registration, contact Hawaii Pacific Health Conference Services at (808) 522-3469.