

**UHM College of Engineering 2009 Fall Career Day  
General Information**

DATE: October 9, 2009

LOCATION: UHM College of Engineering

REGISTRATION FEE: \$50 (until 9/9/09) (includes one table, chairs, lunch and refreshments); \$75 (after 9/9 until 9/23/09). Additional table purchase - \$10.

Space is limited and registration will be accepted on a first come, first serve basis.

Make check payable to: **UNIVERSITY OF HAWAI'I**. Mail with the registration form to: University of Hawai'i Conference Center; 2530 Dole St., C403; Honolulu, HI 96822.

Payments with credit cards (MasterCard/VISA) will be processed by the UH Conference Center, Outreach College.

DEADLINE: Deadline for registrations September 23, 2009. Form of payment must accompany the registration. Credit card numbers submitted with registration will be processed upon receipt. Registrations will not be processed without payment.

REFUNDS: Requests for refunds will be received at the UH Conference Center by September 30, 2009, in writing. No refunds will be made thereafter. Please allow approximately three to five weeks for processing.

ACCESSIBILITY ASSISTANCE: If you would like assistance due to a mobility, hearing, or sight impairment, you are warmly encouraged to contact the Conference Center at 956-8240 by August 21, 2009.

More information will be mailed to you upon receipt of your registration form and payment.

PLEASE DIRECT ALL PAYMENT REGISTRATION INQUIRIES TO:

UH Conference Center:	(808) 956-8240
Fax:	(808) 956-3364
Email:	yvonney@hawaii.edu

**PAYMENT REGISTRATION FORM**

**2009 College Engineering Fall Career Day  
October 9, 2009**

One form per registration  
Please **print or type**.

Contact name: \_\_\_\_\_  
Last First

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip code

Phone: \_\_\_\_\_  
business fax

Email address\*: \_\_\_\_\_  
(\*Required. Follow-up event information will be sent to this email address.)

Registration fee: **\$50** (until 9/9); **\$75** (until 9/23); **\$10** (addtl table)  
Circle choice/s

Form of payment:

Check made payable to the **University of Hawaii**  
 I hereby authorize University of Hawai'i, Outreach College  
the use of my credit card account:  VISA  MasterCard

Credit Card No. \_\_\_\_\_

CVV2 code (last 3 digits on signature strip) \_\_\_\_\_

**Expir. date (Mo/Yr)** \_\_\_\_\_

Signature \_\_\_\_\_

Send registration form and payment to:  
UH Conference Center  
2530 Dole St., Sakamaki, C403  
Honolulu, HI 96822  
808.956.8240 [phone]; 808.956.3364 [fax]  
UHCC I.D. # 10566

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Accessibility assistance: See general information