

October 5, 2006
Hawai'i Island Conference on Health and Wellness Travel

REGISTRATION FORM

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

WEBSITE _____

LUNCH PREFERENCE

____ Vegetarian (grilled vegetables on focaccia bread)

____ Non-Vegetarian (Caesar salad chicken wrap)

PAYMENT

Number of persons attending: _____ X \$55 = _____ TOTAL

____ Enclosed is my check payable to "Five Mountains Hawaii"

____ Please charge my credit card

____ VISA ____ MC

Credit Card Number _____ Expiration Date: _____

If billing address for credit card differs from address above, please provide
billing address here:

Mail this registration form with check, or fax with credit card details to:

Five Mountains Hawaii
Wellness Tourism Conference
PO Box 437200
Kamuela, Hawaii 96743
Fax (808) 885-9013