



INTERNATIONAL  
PACIFIC MARINE  
EDUCATORS  
CONFERENCE

January 15 to 18, 2007

[www.ipmec.info](http://www.ipmec.info)

## Registration Form

**Re-located to  
Honolulu, Hawaii**

<b>Passport Name First</b>		<b>Last</b>		<b>Passport Issuing Country</b>	
Organization					
Address NO.	Street	City	State	Zip	Country
Phone		Fax		Email	
<b>Conference registration Deadline: December 31, 2006.</b> Cancellations must be received in writing, and are subject to a \$75 service charge, if received prior to December 31. Cancellations received after December 31 will be refundable up to 50%.					
<b>FULL Conference Registration</b> (Includes conference material, refreshments, (2) lunches, (1) reception)				\$300.00 US	\$
<b>Webcast Registration</b> (Includes conference material)				\$100.00 US	\$
<b>Accommodation</b> is being offered at the Ala Moana Hotel (conference hotel) or Pagoda Hotel. Reservations are based on availability. One night deposit required by the property. Full payment shall be made upon check-out by the traveller. Credit card shall be provided upon check-in for incidentals. Rates include room & tax. Cancellations received 2 days prior to arrival, will receive a full refund of the one night deposit. Cancellations received after this date will not be refunded the deposit. Please reserve accommodations for me at the following: _____ Arrival Date: _____ Departure Date: _____ Smoking: ___ / Non-Smoking: ___ King Bed: ___ / Double Bed: ___					
___ <b>Ala Moana Hotel</b> , 410 Atkinson Boulevard ___ Single (Sgl) \$133.23 / nt. ___ Double (Dbl) \$155.62 / nt. Share with: _____				Category: Sgl Dbl \$ _____ (Rate)	No. Nights
___ Off site at the <b>Pagoda Hotel</b> , 1525 Rycroft Street Standard Room, single or double occupancy (SR) \$110.84 / nt. With Car (SRC) add \$31 / day Share with: _____				Category: SR SRC \$ _____ (Rate)	No. Nights
<b>Payment by check or credit card</b> Checks made payable to <b>Pacific Rim Concepts LLC</b> Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card No. _____ - _____ - _____ - _____ Expiration ____ / ____ Name on Card: _____ Signature: _____ Card Holders Phone / Fax / Email: _____			Registration Total Amount \$ _____		
Billing Address of Credit Card: _____					
Credit card charges will reflect a charge by Pacific Rim Concepts LLC. Return Registration to: Fax: 808-236-3621; Email: <a href="mailto:prc@hawaii.biz">prc@hawaii.biz</a> or mail to 45-520 Kamooalii Street, Kaneohe, HI 96744 USA					