



2010 MATE International ROV Competition

UH Hilo Reception Guest Payment Form

Parents or guests traveling with the team - please use this form to purchase reception and banquet tickets. Please select the receptions that each guest will take part in.

KICK-OFF RECEPTION DETAILS

- Date: Thursday, June 24, 2010
- Times: 7:00 - 9:30pm
- Cost: \$20.00 per person
- Location: UH Hilo Campus Center Dining Room & Library Lānaʻi
Click here for map of Campus: <http://uhhconferencecenter.com/wp-content/uploads/UHH-Campus-Map.jpg>
- **Deadline to RSVP: Friday, June 18, 2010**

CLOSING RECEPTION DETAILS

- Date: Saturday, June 26, 2010
- Times: 6:30 - 9:30pm
- Cost: \$35.00 per person
- Location: Edith Kanakaʻole Multi-Purpose Stadium
- [Click here for driving directions from UHH to the Stadium](#)
- [Click here for driving directions from Hilo Hawaiian Hotel to the Stadium](#)
- **Deadline to RSVP: Friday, June 18, 2010**

SECTION A (Contact Information) PRINT OR TYPE CLEARLY

Team Name as it appears here:
http://www.marinetech.org/rov_competition/2010/teams.php

Relationship to Team (e.g. parent or guest)

Family (Last) Name

Given (First) Name

Middle

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City/County: _____ State: _____ Postal Code: _____ Country: _____

Work Phone: _____ Home Phone: _____ Mobile Phone: _____

Fax: _____ Email Address: _____



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Please select the receptions that each guest will take part in.

SECTION B (Reception & lunch selections) PRINT OR TYPE CLEARLY

1.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
2.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
3.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
4.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
5.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
6.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
7.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
8.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
9.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
10.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
11.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
12.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)
13.	_____	_____	_____
	Family (Last) Name	Given (First) Name	Reception Selection (Kick-off, Closing, both)

Total Amount = \$ _____



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SECTION C (Payment) PRINT OR TYPE CLEARLY

Credit Card

Type of Credit Card: Visa MasterCard Diner's

Card #: _____

Full Name on Credit Card: _____

Exp.: ____/____ Total Authorized Amount: \$ _____

Signature on credit card: _____

Check here if billing info is the same as contact info in Section A.

Billing Address Line 1: _____

Billing Address Line 2: _____

City/County: _____ State: _____ Postal Code: _____ Country: _____

Work Phone: _____ Home Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____

Check

Make checks payable to: RCUH - Project 1749 (Research Corporation of the University of Hawai'i)

Mail check to:

University of Hawai'i at Hilo Conference Center

200 West Kawili St.

Hilo, Hawai'i 96720-4091

CANCELLATION POLICY:

Cancellations after June 18, 2010 will result in forfeit of entire amount paid.

QUESTIONS?

Please contact us at 808-974-7555 with any questions. M - F / 8:00am - 4:30pm PST



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