

***2019 Legislative Assembly Aloha Luncheon
and
44th Annual Living Treasures of Hawai'i™ Recognition***

The Honpa Hongwanji Mission of Hawaii will honor the following individuals as the 2019 Living Treasures of Hawai'i™ in recognition of their personal and professional achievements and their contributions to the community. We welcome you to celebrate this honor with them.

**John M. Hara, FAIA
Earl Kawa'a
Gertrude Yukie Tsutsumi
James T. Yagi**

Date: Saturday, February 9, 2019

Place: Hilton Hawaiian Village, Coral Ballroom

Time: 11:00 AM Registration
12:00 PM Lunch and Program

Attire: Aloha

Cost: Early registration - \$75.00 for payments received by **January 27, 2019**
Late registration - \$90.00 for payments between **January 28 - February 2, 2019**

(Reservations will NOT be accepted after February 3, 2019)

Additional fee for payments by credit card

Sponsor Tables are available: Gold - \$5,000; Silver - \$3,000; Bronze - \$1,500

Deadline to purchase a Sponsor Table – January 23, 2019

RESERVATION FORM (Please Print or Type)

Name of the 2019 Honoree for whom you are attending _____

Contact Person: _____		Email: _____	
Address: _____		Phone: _____	
Organization/Company: _____			
Names of Attendees: (Tables limited to 10)		circle (v) for vegetarian meal	
Indicate if past Living Treasures Honoree with an * after the name			
1. _____ (V)	6. _____ (V)		
2. _____ (V)	7. _____ (V)		
3. _____ (V)	8. _____ (V)		
4. _____ (V)	9. _____ (V)		
5. _____ (V)	10. _____ (V)		

Special Instructions: _____

PAYMENT OPTIONS:

Check Payment (please make check payable to **HMMH**) Amount

Sponsor Table (check one): **Gold (\$5,000)** **Silver (\$3,000)** **Bronze (\$1,500)** \$ _____
 (sponsor table includes luncheon cost for 10 guests)

Individual seats (early registration)	# of guests _____	X \$ 75.00 =	\$ _____
Individual seats (late registration)	# of guests _____	X \$ 90.00 =	\$ _____
Total enclosed:			\$ _____

Credit Card Payment

Individual seats (early registration)	# of guests _____	X \$ 78.00 =	\$ _____
Individual seats (late registration)	# of guests _____	X \$ 93.00 =	\$ _____
Total due:			\$ _____

Credit Card Info

Card Number: _____ Exp. Date: _____
 3-Digit CVV: _____ Billing Address Zip Code: _____
 Name of Cardholder: _____ Contact Number: _____

I will not be able to attend but would like to donate Donation amount: \$ _____

No refunds after February 3, 2019

Please return this form with your payment to the Honpa Hongwanji Mission of Hawaii, 1727 Pali Highway, Honolulu, HI 96813. **Payment must accompany the reservation form.** For additional information, please call (808) 522-9200 or email admin@honpahi.org.

For Office Use Only:

Date Received: _____ Received by: _____ Payment Type: CC _____ Check# _____ Amount Paid: \$ _____