

## *Legislative Assembly Aloha Luncheon and Living Treasures of Hawai'i™ Recognition*

The Honpa Hongwanji Mission of Hawaii will honor the following individuals as the 2016 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.

**Paul Leland Breese  
Dennis Masaaki Ogawa, Ph.D**

**Sooriya Kumar**

**Dr. Puakea M. Nogelmeier  
Lillian Noda Yajima**

Date: Saturday, February 13, 2016	Place: Hilton Hawaiian Village, Coral Ballroom
Time: 11:00 AM Registration	Attire: Aloha
12:00 PM Lunch and Program	
Cost: Early registration - \$70.00 for payments received by <b>January 31, 2016</b>	
Late registration - \$85.00 for payments between <b>February 1 - February 7, 2016</b>	
<b>(Reservations will NOT be accepted after February 8, 2016)</b>	

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

### RESERVATION FORM (Please Print or Type)

Name of the 2016 Honoree for whom you are attending \_\_\_\_\_

Contact Person:	email:
Address:	Phone:
Organization/Company:	
Names of Attendees (Tables limited to 10) <span style="float: right;">circle (v) for vegetarian meal</span>	
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)
Payment <span style="float: right;">Amount</span>	
<b>Sponsor Table</b> (check one): <input type="checkbox"/> <b>Gold (\$5,000)</b> <input type="checkbox"/> <b>Silver (\$3,000)</b> <input type="checkbox"/> <b>Bronze (\$1,500)</b> <span style="float: right;">\$ _____</span>	
<i>(sponsor table includes luncheon cost for 10 guests)</i>	
Individual seats (early registration)	# of guests _____ X \$ 70.00 = \$ _____
Individual seats (late registration)	# of guests _____ X \$ 85.00 = \$ _____
<input type="checkbox"/> I will not be able to attend but would like to donate:	Donation amount \$ _____
	Total enclosed \$ _____
<b>No refunds after February 7, 2016</b>	

Please return this form with your check, payable to **HMH**, 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](mailto:admin@honpahi.org).

**For Office Use Only:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Payment Type: Cash \_\_\_ Check# \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_