## 2024 Legislative Assembly Aloha Luncheon and 49<sup>th</sup> Annual Living Treasures of Hawai'i™ Recognition

The Honpa Hongwanji Mission of Hawaii will honor the following individuals as the 2024 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.

Julian Keikilani Ako Douglas D.L. Chong Sarah 'Ilialoha Ayat Quick Keahi Davianna Pōmaika'i McGregor, PhD Ricardo D. Trimillos, PhD

Date: Saturday, February 10, 2024

Place: Hilton Hawaiian Village, Coral Ballroom

Time: 11:00 AM Registration

12:00 PM Lunch and Program

Attire: Aloha

Cost: Early registration - \$100.00 for payments received by January 20, 2024

Late registration - \$150.00 for payments between January 21 - January 27, 2024

(Reservations will NOT be accepted after January 27, 2024 or if maximum capacity is reached)

Additional fee for payments by credit card

Sponsor Tables are available: Platinum \$10,000; Gold - \$5,000; Silver - \$3,000; Bronze - \$2,000

Deadline to purchase a Sponsor Table – January 12, 2024

## RESERVATION FORM (Please Print or Type)

Name of the 2024 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 * 1.			() ()
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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 payab	e to <b>HHMH</b> )	Amou	ınt
Sponsor Table (check one):			
[ ] Platinum (\$10,000) [ ] Gold (\$5,000) (sponsor table includes luncheon cost for 10 guests		[ ] Bronze (\$2,000) \$	
Individual seats (early registration)	# of guests_	X \$ 100.00 = \$ X \$ 150.00 = \$	
Individual seats (late registration)	# of guests_	X \$ 150.00 = \$	
		Total enclosed: \$	
[ ] Credit Card Payment			
Individual seats (early registration)		X \$ 105.00 = \$	
Individual seats (late registration)	# of guests_	X \$ 155.00 = \$	
		Total due: \$	
	Credit Card Info		
Card Number:		Exp. Date:	
	Address Zip Code:		
Name of Cardholder:		Contact Number:	
[ ] I will not be able to attend but would like t	o donate	Donation amount: \$	
No refun	ds after January 27,	2024	
ease return this form with your payment to to onolulu, HI 96813. <b>Payment must accompany</b> 08) 522-9200 or email admin@honpahi.org.	the reservation for	<b>n</b> . For additional information, plea	
or Office Use Only:			
te Received:Received by:	Payment Type: CC	Check# Amount Paid:\$	

2024 LT Reserv (2024.01.05)