

***2025 Legislative Assembly Aloha Luncheon
and
50th Annual Living Treasures of Hawai'i™ Recognition***

The Honpa Hongwanji Mission of Hawaii will honor the following individuals as the 2025 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.

**Dennis Sueo Agena
William Wallace Char, Jr. (Bill Char)
Neil Jacob Kaho'okele Hannahs
Victoria Holt Takamine
Dr. George Joji Tanabe, Jr.**

Date: Saturday, February 8, 2025

Place: Hilton Hawaiian Village, Coral Ballroom

Time: 11:00 AM – Registration

12:00 PM – Lunch and Program

2:15 PM – Program ends

Attire: Aloha

Cost: Early registration - \$100.00 for payments received by **January 18, 2025**

Late registration - \$150.00 for payments between **January 19 – January 25, 2025**

(Reservations will NOT be accepted after January 25, 2025 or if maximum capacity is reached)

Additional fee for payments by credit card

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

Deadline to purchase a Sponsor Table – January 11, 2025

RESERVATION FORM (Please Print or Type)

Name of the 2025 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 (\$2,000)** \$ _____
 (sponsor table includes luncheon cost for 10 guests)

Individual seats (early registration)	# of guests _____	X \$ 100.00	=	\$ _____
Individual seats (late registration)	# of guests _____	X \$ 150.00	=	\$ _____
Total enclosed:				\$ _____

Credit Card Payment

Individual seats (early registration)	# of guests _____	X \$ 105.00	=	\$ _____
Individual seats (late registration)	# of guests _____	X \$ 155.00	=	\$ _____
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 January 27,2025

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:** \$ _____