



Name of Group and On-site contact

Hotel Name

Address

Honolulu, HI 96815

Hold for name & date of conference

Box(s) \_\_\_\_\_ of \_\_\_\_\_ (multiple boxes MUST be numbered)

Name of hotel catering/convention service manager

Package handling prices are current and subject to change without notice. Packages are priced per item. The minimum fees are as follows.

**Inbound Package Handling Fees:**

0-5 lbs: \$5.00 each

6-20 lbs: \$10.00 each

21-50 lbs: \$15.00 each

Over 50 lbs: \$25.00 each

Crates: This cost to be determined by Hotel pending confirmation of size, weight, labor required. For example, some properties experience a higher volume of crates that are odd shapes and sizes and require additional staff to handle.

Pallets: \$75.00 each

**Outbound Package Handling Fee: \$5.00 each box**

Please send your check with the enclosed registration form to Cathy Iwai at PO Box 61207, Honolulu, HI 96839 no later than **October 1, 2009**. Our tax identification number is 99-00052035.

If your company can assist us in applying for an educational grant, please contact Cathy Iwai at 630-1586 or by email, [cathy.iwai@hawaiiantel.net](mailto:cathy.iwai@hawaiiantel.net) on the grant application process and the person we should contact for further information or questions.

We look forward to your participation this year. If you have any questions, please contact Cathy Iwai. Your continued support is very much appreciated.

Sincerely,

F. Don Parsa, MD, FACS  
Chairman, Pan-Pacific Surgical Congress

**29<sup>TH</sup> PAN PACIFIC SURGICAL CONGRESS  
JANUARY 9-14, 2010  
SHERATON WAIKIKI**

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PAGER** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**REPRESENTATIVES:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please return this form with your payment of \$1,500 by October 1, 2009 to:**

**Cathy Iwai  
Pan-Pacific Surgical Association  
P.O. Box 61207  
Honolulu, HI 96839**