



41st Annual Conference
Honolulu, HI, January 26, 2019

Registration

Contact Information

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Position: _____

Organization: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____



Membership

- Professional..... \$15
- Student..... \$10
 - Student info (if applicable)
 - University name: _____
 - Program: _____
 - Expected Graduation Month and Year: _____
- I am already a 2019 member (January 1 to December 31, 2019)..... \$ 0
- I do not wish to join at this time..... \$ 0

Registration

Name as you would like it to appear on your name badge: _____

- Member \$80
- Non Member \$100
- Waiver Awarded: Peter Dunn-Rankin Graduate Student..... \$0
- Late (after December 15, 2018)..... \$130

Total Fees \$ _____

Payment Method: Cash Check Purchase Order Credit Card

Comments: Please let us know if you have any food allergies. Thank you.

Please make check or purchase order payable to:
Hawaii Educational Research Association

Mail registration and payment to:
 Hawaii Educational Research Association
 c/o Dept of Educational Psychology
 College of Education, University of Hawaii
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 Honolulu, HI 96822