



# Papakū Makawalu

## Workshop Registration Form

Name \_\_\_\_\_

Badge Name \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Which workshop are you registering for?**     January 20-21, 2018     February 17-18, 2018

**Payment Information:** Registration Fee- \$400.00

**Check enclosed**-Payable to EKF     **Purchase order**     **Credit Card**-Please fill out the information below

Credit Card Type     Master Card     Visa     American Express

Credit Card No.: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Which workshops below have you attended?**

- |                                                             |                                                          |                                                            |
|-------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> June 2008- Mahina                  | <input type="checkbox"/> January 2012- Lono Practitioner | <input type="checkbox"/> February 2015- Nā Akua Wahine     |
| <input type="checkbox"/> January 2009- Kane                 | <input type="checkbox"/> February 2012- Lono Educator    | <input type="checkbox"/> January 2016- Ke Au Makahiki      |
| <input type="checkbox"/> February 2009- Educator            | <input type="checkbox"/> January 2013- Māui              | <input type="checkbox"/> February 2016- Ke Au Makahiki     |
| <input type="checkbox"/> January 2010- Kanaloa Practitioner | <input type="checkbox"/> February 2013- Māui             | <input type="checkbox"/> January 2017- Kāne                |
| <input type="checkbox"/> February 2010- Noho Papa Educator  | <input type="checkbox"/> January 2014- Kū~Hina           | <input type="checkbox"/> February 2017- Wākea/Pelehonuamea |
| <input type="checkbox"/> January 2011- Haumea Practitioner  | <input type="checkbox"/> February 2014- Kū~Hina          | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> February 2011- Haumea Educator     | <input type="checkbox"/> January 2015- Nā Akua Wahine    |                                                            |

**Emergency Contact:**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_    Work #: \_\_\_\_\_    Home #: \_\_\_\_\_