Must be received by May 7, 2019

'AHA IKI REGISTRATION FORM JUNE 05-06, 2019, KAUMAKAPILI CHURCH (HONOLULU, HAWAI'I)

NAMI CHUI			ISLAND:		
		N			
CITY	:ZIP:	PHONE:		/	
		BUS	HOME	CELL	
EMAI	L ADDRESS:				
		name & phone);			
☐ I am ar AHEC	k only <u>ONE</u> of the fol n eligible <i>authorized</i> c, SCHCC, CE-HI, S non-voting visitor a	voting delegate to the 'A	ha Iki representing (ci	rcle all that apply)	
Votin		neck <u>ONE</u> indicating the pri duly elected by my congregat	, , , ,	which you belong:	
	 2. Youth/Young adult church delegate (I amyears old), duly elected by my congregation 				
	3. Authorized (Ordained, Licensed, Commissioned) minister w/current standing in				
	4. Retired minister wit	. Retired minister with standing in			
	5. Board of Directors of AHEC, SCHCC, SSSA, or CEH (Please circle one)				
	6. Partnership Ministry	Representative			
	(Re	FEES for the egistration for the 'Aha Mak)	
'Aha	ı Iki (Make checks pa	nyable to Hawaii Conferen	ce UCC) \$ 125.00	\$	
		credit card payment can los. For hotel reservations,		//ezregister.com/events/28124/ Reservation Form.	
	AIRPO	RT PICK-UP AND RET	URN FOR THE 'AHA	A IKI	
IMPORT	ANT: THIS INFORM	ATION MUST BE TURNED	IN BY MAY 07, 2019 TO	ENSURE PICK-UP.	
Arrival Date (On Wedn	e// nesday, June 05, 2019	Airline/Flight, your flight must arrive b	y 8:15am at the latest fe	AM/PM or airport pick-up).	
Depart Da	te <u>/</u> /	_Airline/Flight		AM/PM	
[]	I will need airport pi	ckup. []	I will not need airport	t pickup.	
		form along with full paymotion, HCUCC, 1848 Nu'ua	•		

PLEASE COMPLETE BOTH SIDES

Necrology Form

Please provide the names of members (who were previously delegates or participated in 'Aha programs) who died between June 2018 and May 2019. A list will be compiled and names published in the 'Aha Iki Handbook.

Name (please print):	Date of Death:	
Church:		
Association:	Island:	
Submitted by:	Date:	

PLEASE COMPLETE BOTH SIDES