19th Annual East Hawaii IPA Healthcare Symposium
The Future of Healthcare = Physician Leadership
The Fairmont Orchid Hawaii
Kohala Coast, Hawaii Island- Hawaii
August 21, 22 & 23, 2015

Registration Form (form fillable)

Name: ___________________________ Position: ___________________________

Company: ____________________________________________________________________

Address: __________________________ City: ________ State: ________ Zip: ___________

Phone number (W): ___________ (C) ___________ Fax: ______________

Email: _____________________________________________________________________

REGISTRATION FEES: (Please check)

☐ General Participants (Outside of Hawaii) $475.00
☐ In-State Hawaii Participants $275.00
☐ Hawaii IPA Members $50.00
☐ East Hawaii IPA Members $25.00
☐ Students (Must have current ID) $25.00
☐ HMSA Guest

PAYMENT ENCLOSED: (Please make checks payable to: East Hawaii IPA - Symposium) (TAX ID # 99-0310967)

Please mail payment to:
East Hawaii IPA
280 Ponahawai St. Suite 203
Hilo, Hawaii 96720

REGISTRATION DEADLINE: Friday, August 7, 2015
Space is limited, first come first served. No refunds after registration deadline.

For group rate hotel reservations: https://resweb.passkey.com/go/ipasymposium
Phone: 800-441-1414    Deadline: July 24, 2015    Name: IPA Symposium

Questions? Please contact Brandon Kobashigawa at: bkobashigawa@ponocorp.com; Direct Line- 808-675-2750   FAX- 808-935-4472   Website: www.easthawaiiipa.org