

System Supplier/Contractor Workshop

REGISTRATION FORM

Organization: _____

Contact Name: _____

Mailing Address: _____

_____ Suite # _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Attendee Names (for badges): Attach separate form for additional names

PLEASE INDICATE YOUR CATEGORY AND FIELD

| | SUPPLIER | INSTALLER |
|---------------------------------|--------------------------|--------------------------|
| Revenue Vehicle | <input type="checkbox"/> | <input type="checkbox"/> |
| Train Control and Communication | <input type="checkbox"/> | <input type="checkbox"/> |
| Cabling Contract | <input type="checkbox"/> | <input type="checkbox"/> |

REGISTRATION & FEES

Registration Fee: \$25 (includes breakfast) Space is limited.

PAYMENT OPTIONS: 1) Check payable to Lychee Productions (In U.S. dollars issued from a U.S. bank)
2) International Money-Order payable in U.S. dollars

MAIL TO: LYCHEE PRODUCTIONS
P.O. BOX 1478, HONOLULU, HI 96806

You may fax or e-mail completed registration form in advance to:

FAX: (808) 947-8728 • Workshop Information Line: (808) 768-6195

Email: honolulurailtransit@gmail.com • www.honolulutrainsit.org