Please mark the appropriate box(es) Print or type all information clearly

- Registration for AIB 2002 Annual Meeting
- Renewal of current AIB Membership
- Application for new membership in the AIB
- Purchase of Guest Event Tickets
- Updating address or other info (Current Member)

REEDACATION FEES
(Includes meeting registration, coffee breaks, poster sessions with refreshments, Presidential Reception, Gala event and Dinner, Awards Luncheon, bag, Proceedings, and more.)

Note: Non-members must pay the registration fee plus one year of membership to register. Only valid members as of June 2002 may register without paying dues.

AIB MEETING REGISTRATION FEE $_______

- AIB MEMBER REGISTRATION: US$350.00
  (add US$85 for one year of membership)
- STUDENT AIB MEMBER REGISTRATION: US$175.00
  (add US$45 for one year of membership)

  (need valid University ID - include photo copy)
- LOW INCOME AIB MEMBER REGISTRATION: US$175.00
  (add US$45 for one year of membership)
  (gross annual income less than US$25,000)

LATE REGISTRATION FEE
- For payments received AFTER May 15, 2002
  Add US$50.00 to the above registration fee + $_______

SPOUSE/GUEST TICKETS - Package US$120.00
- Presidential Reception - $35
- Gala event and Dinner - $50
- Awards Luncheon - $40 $_______

SPOUSE/GUEST’S NAME (for name tag if purchasing the Spouse/Guest package)

DONATIONS
- ADOPT-A-LIBRARY - US$35 per subscription $_______
- AIB FOUNDATION - any amount appreciated $_______

TOTAL $_______

MAIL: Academy of International Business
College of Business Administration
University of Hawai‘i at Manoa
2404 Maile Way, C-306
Honolulu, Hawaii 96822-2223 USA
FAX: (808) 956-3261

[Form details for registration and payment]

2002 AIB Annual Meeting Registration Invoice Form
Caribe Hilton - San Juan, Puerto Rico • June 28 - July 1, 2002

Federal Employee ID #23-7442958 DUNS #797963394

METHOD OF PAYMENT

- CHEQUE or MONEY ORDER (Enclose with form)
  Cheque No. _____________  Cheque Date: ___/___/___
- CREDIT CARD (Check one)
  □ MasterCard  □ VISA  □ AMEX  □ Discover  □ Diners

  CREDIT CARD NUMBER

  Expiration Date ________/_______ (Month/Year)

  NAME ON CARD

  Total Amount $___________

  SIGNATURE (If Credit Card Payment)