

REGISTRATION FORM

NAME: _____

AGENCY/ORGANIZATION: _____

TITLE/POSITION: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____ CELL PHONE: _____

REGISTRATION FEE: \$50.00 PAYABLE TO THE
HAWAIIAN LIFEGUARD ASSOCIATION

CHECK, PURCHASE ORDER, OR CASH. NO CREDIT CARDS

MAIL TO: HAWAIIAN LIFEGUARD ASSOCIATION
POST OFFICE BOX 283324
HONOLULU HI 96828

EMAIL: ralphgoto@gmail.com

INVITED WORKSHOP PARTICIPANTS:

Emergency Responders

Lifeguards, EMS, Fire Rescue

Hospital/Medical Personnel

Physicians, Nurses, ER Personnel

Federal Government

US Coast Guard

Military Commands

Consumer Product Safety Commission

State of Hawaii

Dept of Health

DLNR

University of Hawaii

NGO's

HLA, KLA, MLA

HOST

Visitor Industry

HTA, including HTA Japan

Hawaii Tourism and Lodging Assn

Waikiki Improvement Association

Hotel Security Organization

Commercial Operators

Dive Shops

Dive Charter/Tour Operators

Equipment Rental Companies

Manufacturer Representatives

Interested Citizens