

**CONFERENCE OF DIOCESAN EXECUTIVES (CODE)
2010 CONFERENCE REGISTRATION**

*Hilton Hawaiian Village
Honolulu, Hawaii
April 13 – 16, 2010*

Hotel reservations **must** be made separately.

To receive our conference rate of \$160 per night (plus 12.96% tax) reservations must be made by March 25, 2010.

Contact the hotel at 1-808-949-4321

Last Name: _____ First Name: _____

Name You Prefer: _____ Title: _____

Guest's Name: _____ Diocese: _____

Diocesan Position: _____

Address: _____

Office Phone: _____ Fax: _____ Email: _____

PLEASE CHECK CATEGORIES FOR WHICH PAYMENT IS BEING MADE:

- ___ Registration for **CODE Members**: (Includes registration fee, workshops and meals. *Does not* include lodging)
- If postmarked by December 31, 2009 \$400.00 \$ _____
 - If postmarked by March 10, 2010 \$460.00 \$ _____
 - If postmarked after March 10, 2010 \$485.00 \$ _____

___ Registration for **Guest of CODE Member**:
(Includes all conference workshops and meals. *Does not* include lodging.) \$375.00 US \$ _____

___ **CODE Membership Dues**: \$100.00 US \$ _____
___ **Additional Members**: \$75.00 US for 2nd member, \$50.00 US for Associate/Non-active/Retired \$ _____
(If not paid already)

TOTAL ENCLOSED \$ _____

Anticipated Arrival Date: _____ Time: _____ Anticipated Departure Date: _____ Time: _____

PLEASE CHECK CONFERENCE MEALS THAT YOU PLAN TO ATTEND: *All are included with registration Fee.*

- | | |
|----------------------------|----------------------------------|
| ___ Tuesday Opening Dinner | ___ Thursday tour, luau, show at |
| ___ Wednesday Breakfast | ___ Polynesian Cultural Center |
| ___ Wednesday Lunch | ___ Friday Breakfast |
| ___ Thursday Breakfast | ___ Friday Lunch/Annual meeting |
| ___ Thursday Lunch | ___ Friday Dinner/Banquet |

PLEASE CHECK EACH CATEGORY THAT APPLIES TO YOU:

- ___ This is my first CODE Conference
- ___ I am a "new" Diocesan Executive
- ___ I am unable to attend the CODE Conference this year, but wish to continue my membership (dues enclosed)
- ___ Special Dietary needs: _____
- ___ Special Mobility needs: _____

Mail registration form and check (made payable to *Conference of Diocesan Executives*) to:

Mr. Peter Pereira
Treasurer, The Episcopal Church in Hawaii
229 Queen Emma Square
Honolulu, HI 96813