

Hawai'i International Resort Management Institute

Application Form

Please type or print clearly



SECTION I: NAME AND ADDRESS

Mr. Ms. Mrs. Miss

Name:

Family Name

First Name

M.I.

The organization you work for

Your sponsoring organization

Title/Position

Years in the position

Business street address (program materials may be sent to you via express mail)

City, State/Province

Zip/Postal Code

Country

Business Telephone (include country & city code)

Facsimile (include country & city code)

E-mail

SECTION II: CURRENT INDUSTRY EXPERIENCE

What type of organization are you currently employed with?
(select one)

Educational Institute Government Hotel

Media Publication Transportation

Travel Service Tourism Association Other: _____

Years of service in this organization: _____

What special professional interests do you have?

Principal position(s) held previously:

Organization	Dates	Position
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SECTION III: EDUCATION AND PERSONAL DATA

Higher Education:

Higher Education Institution Attended

From

To

Degree

Main Field

If English is a second language, please indicate your level of proficiency (check one):

Reading: High Average Low

Speaking: High Average Low

In case of emergency contact:

Name of contact

Relationship

Telephone (include country & city code)

Participant's Last/First Name: _____

SECTION IV: COURSE SELECTIONS

SUMMER COURSES AT UH MĀNOA SCHOOL OF TRAVEL INDUSTRY MANAGEMENT

Please check the appropriate box for one class per week

August 4 -5, 2008 (2-days)

- Guest Service Relations
9:00 AM – 4:00 PM

August 6 - 8, 2008 (3-days)

- Leadership Management in Resorts
9:00 AM – 4:00 PM

August 11 - 13, 2008 (3-days)

- Timeshare Operations in Resort Destinations
9:00 AM – 4:00 PM

August 14, 2008 (One-day)

- Marketing Resorts: The Principle of Market
Segmentation of Leisure and Luxury Property
9:00 AM – 4:00 PM

SECTION V: COURSE FEES

The course fees are:

One day - \$145.00

Two days - \$295.00

Three days - \$435.00

When applications are received by July 1 thereafter the cost per course is an additional US \$50.00.

Tuition to be made payable to [Research Corporation of the University of Hawai'i](#) or RCUH

OFFICE USE

Date rcvd: _____ Date Conf: _____

Check #: _____ Date w/d: _____

Amount rcvd: _____ Reason: _____

Payment from: _____

Amt Refunded: _____ Date of Refund: _____

Please have payment made payable to:

Research Corporation of the University of Hawai'i or RCUH and send to:

Professional Programs
University of Hawai'i
School of Travel Industry Management
2560 Campus Road, George Hall #225
Honolulu, HI 96822 USA

To wire funds send payment to:

RCUH 00 1370
First Hawaiian Bank
1110 University Avenue
Honolulu, HI 96822
USA

Please contact our office by email at rsoma@hawaii.edu or by telephone at (808) 956-4902 or fax (808) 956-5378 for our bank account and routing numbers.

Please include a bank service fee of \$25.00 to wire funds.

Enclosed is the total payment of US \$ _____