



Corporate Wellness Resource Fair

Date: Tuesday, October 10, 2017
Time: 8:30 a.m. to 11:00 a.m. (Registration at 8:15 a.m.)
Place: Honolulu Country Club

Planning to start or refresh your company's wellness program in 2018? If so, you must attend this upcoming event where you will have the opportunity to learn how these fantastic resources can be integrated into your corporate wellness program!

As a participant you will:

- Meet more than 15 local wellness resources;
Network with other wellness-minded organizations; and
Walk away with new ideas to build or complement your existing corporate wellness program.

Current list of participating organizations include:

- American Diabetes Association
American Heart Association
AXA Advisors
Ben Franklin Stores
Down to Earth
Ekahi Health
Employee Assistance of the Pacific
Hawaii Dental Service (HDS)
Hawaii Medical Service Association (HMSA)
Kaiser
Kulana Hawaii
Novo Nordisk
PSH Insurance
State of Hawaii - Department of Health
Straub Clinic and Hospital
UHA Health Insurance
WYAO Hawaii

Please visit our Upcoming Events listing at www.hecouncil.org for more seminars. All programs and dates are subject to change.

REGISTRATION

\$30 - HEC Members
\$50 - Non-Members

Includes continental breakfast and seminar materials.

Register 2 or more employees from the same company, and you will receive a 10% discount.

\*\*\*\*\*

PAYMENT OR CREDIT CARD INFORMATION MUST ACCOMPANY REGISTRATION.

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Mail to:
Victoria Tasaka
Hawaii Employers Council
P. O. Box 29699
Honolulu, HI 96820-2099
Fax: 808-833-6731 (for payment with credit card)

For information on registration:
Victoria Tasaka at 440-8888 (neighbor islands call 1-800-392-3589 ext. 822) or email at vtasaka@hecouncil.org



# Registration

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*Please Register the Following Persons (complete the entire form; print legibly for processing):*

\_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please check here if any special arrangements are needed (e.g. front seat, etc.)

**Payment** \$ \_\_\_\_\_  Check payable to Hawaii Employers Council  
 Charge to my:  MasterCard  Visa  American Express  Discover  
 Acct. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 3-Digit Security Code \_\_\_\_\_ (found on back of card in signature area)  
 Name on the charge card (print) \_\_\_\_\_  
 Cardholder Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

**For Office Use Only:**

Authorization # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

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Cancellations made prior to October 3, 2017 will be fully refunded. A service charge of \$20.00 will be made for cancellations up to the day before the seminar. **While substitution of registrants is permitted, NO cancellations, credits or refunds will be allowed for the day of the seminar.**

**Mail this form, with payment, to:**

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