



**Summer Medical Institute Student Workshop**  
University of Hawaii, John A. Burns School of Medicine  
Honolulu, Hawaii USA  
August 20-24, 2018

Please complete the following information below and email or fax to Ms. Kori-Jo Kochi at [kjkochi@hawaii.edu](mailto:kjkochi@hawaii.edu) or +1-808-692-1252, **by July 23, 2018**.

**REGISTRANT INFORMATION**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Medical School/Affiliation: \_\_\_\_\_ Year of Medical School: \_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prefecture/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Will only be used in case of emergency)**

Emergency Contact's Full Name: \_\_\_\_\_

Relationship (Mother, Father, etc.): \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

**ROOM SHARING:**

\_\_\_\_ Please check here if you are interested in sharing a room with another participant. Please also email your interest to Ms. Kori-Jo Kochi by July 2, 2018.

**TRAVEL INFORMATION (You may submit your travel information at a later date.)**

Date of Departure from Home Country: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Date of Arrival in Honolulu: \_\_\_\_\_ Flight Number (if different): \_\_\_\_\_

Lodging Name: \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_

Date of Departure from Honolulu: \_\_\_\_\_ Flight Number: \_\_\_\_\_