



**Neuroscience Conference Services**

2230 Liliha St Ste 104, Honolulu HI 96817

Ph: 808.261.4476 | Fax: 808.263.4476

[www.hawaiineuroscience.com](http://www.hawaiineuroscience.com)

Conference Coordinator: Kimberly Ko (808.564.6116) or [kneo@hawaiineuroscience.com](mailto:kneo@hawaiineuroscience.com)

***Professional & Medical Conference Solutions***

**Neuroscience Conference Service Agreement Form**

Name of Organization: \_\_\_\_\_

Name of Person(s) in charge of Event: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Date Required: \_\_\_\_\_

Event Start and End Time: \_\_\_\_\_

***ALL inclusive cost: 2750 USD to includes:***

**Conference Professional Services, Food & Catering Cost**

Fees are due at time of agreement and no later than 4 weeks before conference date.

Cancellation can be made anytime with nonrefundable fees of \$750 collected 2 weeks before conference date.

Early registration discount of 2250 USD is provided for fees paid 8 weeks or earlier.

Payments can be made online or checks should be made out to:

Hawaii Pacific Neuroscience, LLC

2230 Liliha Street, Suite 104,

Honolulu Hawaii, 96817

Hawaii Pacific Neuroscience Coordinator has collected the following:

- Signed Agreement
- Payment by Check ONLY



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#### Terms and Agreement

1. I have fully read and understood all rules and regulations to engage conference solutions and services.
2. I understand that my organization's reservations is not final until the agreement is approved and fees paid in full.
3. If rental equipment is involved, Hawaii Pacific Neuroscience assumes no responsibility for any rental equipment outside of the facility. Rental equipment must be delivered and picked up on the day of the event, unless special arrangements have been made with the knowledge of Hawaii Pacific Neuroscience management.
4. The serving of consumption of alcoholic beverages is **prohibited**.
5. In the event that renters may need to cancel any event – cancellation notice is required 2 weeks of date of scheduled event. A nonrefundable deposit of \$750 will be charged.

**I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE TERMS AND AGREEMENT OF HAWAII PACIFIC NEUROSCIENCE CONFERENCE ROOM RENTAL & SERVICE AGREEMENT.**

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hawaii Pacific Neuroscience Representative's Name and Signature

\_\_\_\_\_  
Date