



OLA PONO IKE

Saturday, September 26, 2026
Hilton Hawaiian Village
Coral Ballroom I - III
5:00 p.m. - Cocktails
6:30 p.m. - Dinner & Program
Black Tie Preferred

SPONSORSHIP FORM

RSVP by Monday, August 10, 2026.

You can register online at hawaiiomedicalassociation.org, or by using the QR code. For further assistance, please call 808.536.7706.

HMA is a 501(c)6 nonprofit organization.



SPONSORSHIP LEVELS

- | | |
|---|--|
| <input type="checkbox"/> \$25,000 Kukui Sponsor | <input type="checkbox"/> In-Kind Sponsor |
| <input type="checkbox"/> \$10,000 Mamaki Sponsor | Description _____ |
| <input type="checkbox"/> \$5,000 'Umeke Sponsor | Contact _____ Phone _____ |
| <input type="checkbox"/> \$2,800 Pohaku Ku'i Ai Sponsor | If pickup is needed, |
| <input type="checkbox"/> \$1,800 HMA Member Pohaku Ku'i Ai Sponsor (deadline 7/29/26) | Location _____ Time _____ |
| <input type="checkbox"/> \$2,000 Exhibitor Display Table | I am unable to attend, but would like to make a contribution to support HMA's programs and services. |
| <input type="checkbox"/> Individual Seats @ \$350 each: _____ | <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Additional Drink Tickets at \$16 each: _____ | <input type="checkbox"/> Other \$ _____ |

PAYMENT INFORMATION

Name / Company _____ Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Total Amount Enclosed: \$ _____

Payment Method: Check (payable to Hawai'i Medical Association, 1360 S. Beretania St, #200, Honolulu, HI 96814)

Credit Card: Visa MasterCard American Express

Credit Card Number _____ Expiration _____ CVV _____

Cardholder Name _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Signature (required) _____