



REGISTRATION Mail to: DOCA • P.O. Box 1294 • Centreville, VA 20121
Email: doca@doca.org • Tel: 703.451.1200

DOCA's 73rd Annual Meeting
Honolulu, Hawaii
Waikiki Beach Marriott Resort & Spa
2552 Kalakaua Avenue, Honolulu, HI 96815
October 20 - 23, 2024

1. Registration Information (X all that apply): If you have more guests, please contact DOCA for extra form

<input type="checkbox"/> Member Full Name (First /MI/ Last Name) _____ Cell: () _____ Email Address: _____ Badge Name: First or Nickname _____ City _____, State _____	<input type="checkbox"/> Spouse Full Name (First /MI/ Last Name) _____ Cell: () _____ Badge Name: First or Nickname _____ City _____, State _____
<input type="checkbox"/> Guest or <input type="checkbox"/> Member Prospect Full Name _____ Badge Name3 First or Nickname _____ City _____, State _____ Cell: () _____ Title _____ Company _____ Address _____ City/State/Zip _____ Email _____	<input type="checkbox"/> Guest or <input type="checkbox"/> Member Prospect Full Name _____ Badge Name: First or Nickname _____ City _____, State _____ Cell: () _____ Title _____ Company _____ Address _____ City/State/Zip _____ Email _____

2. DOCA Meetings: (Please write X if applicable)

- Board of Director's Meeting:** _____ I will attend the Executive Officer Meeting (Sun 3:30-5:30)
- Sponsor for Member/Prospect on 1st DOCA trip:** _____
- DOCA Members only: Business Meeting:** I will attend the Business Breakfast Meeting (Tuesday morning, brkfst. room)

3a. Hotel Reservations: Reservations must be made by no later than September 23 (subject to availability after this date). As usual, DOCA has a room block at the Marriott. Once your registration form is received by the DOCA office, a link will be emailed to you to book your room online or you can call the hotel directly and ask to be booked WITHIN THE DOCA BLOCK at (808) 922-6611. Please confirm with Jill Walker when you've made your reservation.

Room rate is \$393.99 (includes all taxes/fees/resort fee). Housekeeping, valet, and bell service gratuities are at individual's personal expense. Hotel Cancellation Policy is 72 hours. Any cancellations within 72 hours, or early departures will incur a cancellation fee of two (2) nights. **Hotel check-in is 3:00pm, check-out is 11:00am.**

- I will reserve a room at the: **Waikiki Beach Marriott Resort & Spa**
- OR-** I will stay elsewhere at _____

3b. I will **CHECK IN** to the hotel on: Fri - 10/18 Sat - 10/19 Sun - 10/20

I will **CHECK OUT** of the hotel: Wed - 10/23 Thurs - 10/24 Fri - 10/25

Room Special Requests _____

4. Emergency Contact: Name _____ **Tel:** () _____ - _____

5. **Event Sign-Up:**

Register Yourself, Spouse, Member Prospect(s), Adult Guest(s): The registration fee covers conference costs, group meal functions, costs for military guests and speakers, group transportation, and the administrative expenses associated with the conference. The conference fee does not include the costs of hotel rooms, airfare, non-group meals or personal expenses.

REGISTRATION CLOSING ON MONDAY, SEPTEMBER 23, 2024. NO REFUNDS OFFERED AFTER OCTOBER 4.

Place a check **X** under each event you (and your guests) are attending.

	Sun	Mon	Tue	Wed	Banquet (Thurs)	Registration Fee
1) DOCA Member:	_____	_____	_____	_____	_____	\$ \$2,550.00
2) Non-Member Spouse:	_____	_____	_____	_____	_____	\$ \$2,550.00
3) Guest/Prospect:	_____	_____	_____	_____	_____	\$ \$2,550.00
4) Guest/Prospect:	_____	_____	_____	_____	_____	\$ \$2,550.00
Grand Total: \$						_____

I agree that, in the absence of negligence on its part, neither the U.S. Government nor DOCA will be held responsible for personal injury or property damage arising out of the act of negligence of any direct carrier, hotel, travel service, or other person rendering any of the services offered in conjunction with this visit, nor is DOCA to be held responsible for negligence on the part of the U.S. Government.

_____ Member (Please Sign)

6. **Payment:** Checks payable to DOCA or Pay by Credit Card (MasterCard, Visa, Discover, American Express) or PayPal via DOCA website):

Use this card for hotel guarantee? Yes No Credit Card Type: VISA _____ MC _____ AMEX _____

Credit Card #: _____ Expiration Date: ____/____ Security code on back _____

Full name (as it appears on your credit card): _____

Billing Address for credit card: _____

City: _____ State: _____ Zip Code: _____

Signature for Payment Authorization: _____

NOTE: **HOTEL ROOM CHARGE IS NOT INCLUDED IN YOUR REGISTRATION FEE – YOU'LL PAY UPON CHECKOUT**

Refund Policy

MEMBER CANCELLATION: IF YOU CANCEL BY OCTOBER 4, REGISTRATION FEE LESS DIRECT EXPENSES (\$100) WILL BE REFUNDED. CANCELLATION AFTER OCTOBER 4, NO REFUND WILL BE ISSUED.

****TRANSPORTATION INFORMATION****

Daniel K. Inouye International Airport (HNL) – 10 miles from the *Waikiki Beach Marriott Resort & Spa*

There are shuttle buses available to/from the airport (see below links, prices begin at \$19.99), otherwise, plan to use an Uber/Lyft/taxi.

Honolulu Transportation:

- Fly Shuttle Tours: (800) fly-4513 <https://flyshuttlehawaii.com/waikiki-beach-marriott/>
- Elite Town Car Service: (808) 365-7188 elitetowncarservice.com
- Charlie's Taxi Service: (808) 233-3333

VISITOR AUTHORIZATION LIST INFORMATION FOR EACH INDIVIDUAL MEMBER

Last Name (Name as appears on DL)	First Name (Name as appears on DL)	Driver's License State/Number (MO/A1234567)	US Citizen/Person (Y/N)	SSN Full #	Date of Birth (mm/dd/yyyy)
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GUEST/SPOUSE

Last Name (Name as appears on DL)	First Name (Name as appears on DL)	Driver's License State/Number (MO/A1234567)	US Citizen/Person (Y/N)	SSN Full #	Date of Birth (mm/dd/yyyy)
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Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____