



**‘IMILOA**

Astronomy Center of Hawai‘i

## Event Request Form

Client/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Silver Member \_\_\_\_\_ Gold Member \_\_\_\_\_ Corporate Member \_\_\_\_\_

Comments:

600 ‘Imiloa Place  
Hilo, Hawai‘i 96721  
[www.imiloahawaii.org](http://www.imiloahawaii.org)  
email to: [events@imiloahawaii.org](mailto:events@imiloahawaii.org)

For immediate assistance contact:  
Bobby Watson-Correa, Events Coordinator  
[bcorrea@imiloahawaii.org](mailto:bcorrea@imiloahawaii.org)  
808.969.9739