



TCOYD Conference Reimbursement Form

Taking Control of Your Diabetes (TCOYD) Conference

Hawaii Convention Center
Honolulu, Hawaii

- \$ per person for registration of two (2) or more people
- \$ per person for early bird registration. Please refer to the TCOYD website.
- \$ per person for onsite registration

Please submit this reimbursement form with your receipt of attendance

Attendees (First & Last Name)	Relation to UHA Member	Fee Paid Per Person
1.	UHA Member	
2.	Family or Friend	
3.	Family or Friend	
Member's UHA ID #:	Total	

YOUR RECEIPT AND CONFIRMATION OF ATTENDANCE (program agenda) MUST BE ATTACHED FOR REIMBURSEMENT

UHA reimbursement check payable to: _____

Address you would like the check mailed to: _____

Please fax, mail, or email your receipt, confirmation of attendance, along with this form to:

UHA
Health Care Services
700 Bishop Street, Ste. 300
Honolulu, HI 96813

Fax: 866-572-4384
Email: creyes@uhahealth.com
Questions? 808-532-4006

HCR-0711-061820

<i>UHA Use Only</i>	
Approved to Pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved By:	