



2026 STATE CONVENTION REGISTRATION FORM
Hilton Hawaiian Village | May 29-30, 2026

E kūkulu kākou! Let's Organize!

Register online at dphconvention.com or by mail using this form. **Please print legibly.**

- Delegate Alternate SCC Member Elected Official Other Automatic Delegate
 Student Observer Guest (must be accompanied by a registered Delegate)

Name: _____ Preferred Name: _____

Residential Address: _____ City: _____ ZIP: _____

E-Mail (Print clearly): _____

Home Phone: _____ Mobile Phone: _____

Senate District: _____ House District: _____ Precinct: _____

REGISTRATION AND OTHER FEES:

General Registration* (Before May 11, 2026 at 5:00pm HST) <i>*Includes all meals and activities</i> O'ahu - \$200.00 Neighbor Islands - \$100.00 <i>Does not include Welcome Reception</i>	\$
Late Registration* (After May 11, 2026 at 5:00pm HST) <i>*Includes all meals and activities</i> O'ahu - \$250.00 Neighbor Islands - \$150.00 <i>Does not include Welcome Reception</i>	\$
Guest Registration - \$150.00 <i>Includes all meals & activities - Does not include Welcome Reception</i>	\$
Sponsoring Delegate Name: _____	\$
Student Observers** (w/ valid student ID) - \$50.00 <i>**Includes all meals and activities</i> <i>Does not include Welcome Reception</i>	\$
Yes! I would like to make a donation to the Party!	\$
TOTAL AMOUNT ENCLOSED	\$

Please DO NOT combine State Convention fees with County Convention fees.

Enclose check. Make check payable to Democratic Party of Hawai'i. Mail with registration form to: Democratic Party of Hawaii, PO Box 2041, Honolulu, HI 96805, Attn: Convention Registration

Please turn the form over to complete and sign, mahalo!

2026 STATE CONVENTION REGISTRATION FORM cont.

SPECIAL ASSISTANCE NEEDS: If you require special assistance or auxiliary aids and/or services to participate in the convention (i.e., sign language interpreter, wheelchair accessibility, or parking designated for the disabled), please advise of the assistance required so that arrangements can be made.:

WAIVERS: If applying for a full or partial waiver of registration fees, please submit this form and attach a written explanation that describes the amount of the tuition waiver needed, your basis for financial need, and your willingness to volunteer to help with convention work. Waiver request must be received by the DPH by no later than May 4, 2026 at 11:59 pm.

CERTIFICATION: (Check one)

I certify that I am an official State Convention delegate or alternate, duly elected at my Precinct or District meeting or subsequently appointed to fill a delegate or alternate vacancy.

I certify that I am a delegate by virtue of my position as one of the following: Incumbent Party Chairperson, National Committeeman and National Committeewoman, State Central Committee Members, Incumbent and Immediate Past County at-Large Representatives to the State Central Committee, District Chairpersons, Incumbent and Immediate Past County Chairpersons, including ex-officio members of the State Central Committee, former Democratic Governors, former Democratic Lieutenant Governors, and former Democratic Party of Hawai'i Chairpersons.

I certify that I am a delegate by virtue of being an elected Federal, State or County Official, or appointed to fill a vacant position of an elected official.

REFUND POLICY: Refunds may only be issued after the State Convention has closed their books unless otherwise directed by the Party Chair.

SIGNATURE: _____ DATE: _____

PAID FOR BY THE DEMOCRATIC PARTY OF HAWAI'I - PO BOX 2041 HONOLULU, HI 96805

NOTICE: This solicitation is made on behalf of the Democratic Party of Hawai'i (DPH) for both its state and federal campaigns. Contributions to the Federal Account, combined to the state, county, and local Party committees, are limited to \$10,000 per year from individuals and \$5,000 per year from qualified Federal PACs, and will be used in federal and state activities. Contributions from corporations, labor unions, and federal government contractors are prohibited in the federal account. Contributions from individuals and entities are limited to \$25,000 per year to the Non Federal Account. Contributions from foreign nationals and contributions made in the name of another are prohibited in both accounts. Contributions are not tax deductible. Federal and state laws require us to use our best efforts to obtain and report the name, mailing address, occupation, and employer of our donors. Paid for by the Democratic Party of Hawai'i, P.O. Box 2041, Honolulu, HI 96805. Not authorized by any candidate or candidate's committee. Donations made to the Democratic Party of Hawai'i are not tax deductible.

Office Use Only

Date Received: _____ By _____

Date Credentials Verified: _____ By _____

Amount Paid: Check # _____ Check amount: _____

Online _____ Amount: _____

DEMOCRATIC PARTY OF HAWAI'I

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