



**KONA-KOHALA
CHAMBER
OF COMMERCE**

75-5737 Kuakini Hwy., Suite 208
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Kona-Kohala Chamber of Commerce Relocation Packet Request Form

_____ **\$20 Standard packet**

_____ **\$27 Packet w/Hawaiian Tel Directory**

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Credit card #: _____

(Visa, MC, Amex, Disc.)

Exp. date

Name on card

Request date: _____ **Mail date:** _____