General Information

DATE: January 27-30, 2007

LOCATION: East-West Hawaii Imin Conference Center

REGISTRATION FEE: $80US (includes refreshments, parking and conference materials).

Make check payable to: UNIVERSITY OF HAWAI‘I. Mail with the registration form to: University of Hawai‘i Conference Center; 2530 Dole St., C403; Honolulu, HI 96822.

DEADLINE: Deadline for advance registrations December 15, 2006. Form of payment must accompany the registration. Credit card numbers submitted with registration will be processed upon receipt. Registrations will not be processed without payment.

REFUNDS: Requests for refunds will be received at the UH Conference Center by January 12, 2007, in writing. No refunds will be made thereafter. Refunds will be mailed. Please allow approximately three to five weeks for processing.

ACCESSIBILITY ASSISTANCE: If you would like assistance due to a mobility, hearing, or sight impairment, you are warmly encouraged to contact the Conference Center at 956-8204 by November 24, 2006.

PARKING: Available on E-W Center grounds for a limited number.

PLEASE DIRECT ALL REGISTRATION INQUIRIES TO:
UH Conference Center at (808) 956-8204.
Fax. No. (808) 956-3364
2007 Japan-U.S. West Coast Operator
Algebra Seminar
January 27-30, 2007

Feel free to copy this form for additional registrations
Please print or type.

Name: __________________________________________________________
                     Last                     First

Institution:________________________________________________________

Mailing Address: _________________________________________________
                                                                 __________
                                            City State Zip code

Phone: ___________________________ __________________________
   business fax

Email address: ______________________________________________

I plan to rent a car and request parking at the seminar: ______(yes/no)

Registration fee: $80.00          Total Enclosed: $_________

Form of payment:

   _____ Check made payable to the University of Hawaii

   _____ I hereby authorize University of Hawai‘i the use of my credit
          card account:     _____ VISA     _____ MasterCard

Credit Card Number with 3-digit security code:

                                                                 __________
Expiration date (month/year;mm/yyyy) _________
Signature _____________________________
Name on card: __________________________________________

Send registration form and payment to: UH Conference Center
2530 Dole St., Sakamaki, C403
Honolulu, HI 96822
808.956.8204 (phone); 808.956.3364 (fax)
UHCC I.D. #C08579
UNIVERSITY OF HAWAII

WH-1 STATEMENT OF CITIZENSHIP AND FEDERAL TAX STATUS

PURPOSE: In order to comply with applicable tax provisions of the Internal Revenue Service (IRS), the information requested on this form is required. The University will use this information to determine the appropriate federal tax withholding. Your submission of this form is required each calendar year.

DIRECTIONS:

UNITED STATES (US) CITIZENS:
1. Complete Section A and Section E only

PERMANENT RESIDENT ALIEN:
1. Complete Section A and Section E only

2. Attach a photocopy (front and back) of your Alien Registration Card

ALL OTHERS:
1. Complete Sections A, B, C, and E
2. Complete Section D if applicable
3. Submit copy (front and back) of your I-94
4. For J-1 visaholders, submit copy of IAP-66
5. Submit applicable IRS Form as instructed

Section A. PERSONAL INFORMATION

(1) General Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Social Security Number or ITIN Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Citizenship</th>
<th>Country of Residence for Tax Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Business Name (if applicable): Federal ID Number (if applicable)

My business is a [ ] Sole Proprietorship [ ] Corporation [ ] Tax Exempt Organization [ ] Government Agency [ ] Partnership

(2) U.S. Residence Address

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City or Province</th>
<th>State or Country</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(3) Foreign Residence Address

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City or Province</th>
<th>State or Country</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Section B. U.S. IMMIGRATION ACTIVITY

(1) Current Visa Status

<table>
<thead>
<tr>
<th>Date of U.S. Entry</th>
<th>Expiration Date of Current Visa</th>
<th>Intended Length of Stay</th>
<th>Anticipated Departure Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Current Visa Type (check appropriate box):
[ ] F-1 Student
[ ] J-1 Student
[ ] J-1 Visitor (Non-Student)
[ ] B-1/WB Visitor For Business
[ ] B-2/WB Visitor For Pleasure (Tourist)
[ ] Other INS Classification (list status):

What is the primary purpose of the visit? (check appropriate box)
[ ] Studying/Training/Research in a Degree Program
[ ] Studying/Training/Research in a Non-Degree Program
[ ] Training/Research as a Post-Doctoral Fellow
[ ] Providing Services as an Independent Contractor (i.e., Consulting, Conducting a Workshop, etc.)
[ ] Other:

(2) Past Visa History

Provide the requested information to detail the number of days you were physically present in the United States during the calendar years listed below. Note: Calendar year refers to the period January 1 through December 31.

<table>
<thead>
<tr>
<th>Enter Calendar Year (e.g., 2000)</th>
<th>Enter Visa Type held while present in the U.S. during the listed calendar year</th>
<th>Enter Period(s) when you were physically present in the U.S. during the listed calendar year. (List the dates below, for example, 01/01/99 – 12/31/99)</th>
<th>Number of days present in the U.S.</th>
<th>Have you taken any Treaty Benefits during the listed year? (Circle answer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Calendar Year</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Two years ago</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Three years ago</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Four years ago</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Five years ago</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Six years ago</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
Section C. TAX STATUS DETERMINATION

STEP 1: Complete the Substantial Presence Test (SPT) by completing the table below. For F, J, or M Visaholders please note the following:

For F, J, or M Student Visaholders: Do NOT count any days during your first 5 years in the United States in which you held a F, J, or M student visa.

For J or Q Non-Student Visaholders: Do NOT count any days during your first 2 years in the previous 6 years in the United States in which you held a J or Q Non-Student visa.

<table>
<thead>
<tr>
<th>ENTER YEAR</th>
<th>ENTER TOTAL NUMBER OF DAYS PRESENT IN THE UNITED STATES FOR EACH YEAR (A)</th>
<th>RATIO (B)</th>
<th>CALCULATE TOTAL NUMBER OF DAYS TO COUNT FOR EACH YEAR (A x B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Calendar Year</td>
<td>_______________</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Last Year</td>
<td>_______________</td>
<td>1/3</td>
<td></td>
</tr>
<tr>
<td>Two Years Ago</td>
<td>_______________</td>
<td>1/6</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL # OF DAYS

STEP 2: Please answer the following questions:

A. Does the TOTAL NUMBER DAYS TO COUNT for the current calendar year equal to 31 days or more? [ ] YES [ ] NO

B. Does the TOTAL # OF DAYS for all three years equal to 183 days or more? [ ] YES [ ] NO

STEP 3. Determine your tax status:

If you marked YES to both questions A and B, then you passed the Substantial Presence Test and will be treated as a RESIDENT ALIEN FOR TAX PURPOSES for this calendar year. Go to and sign Section E below.

If you marked NO to one or both questions, then you did not pass the Substantial Presence Test and will be treated as a NONRESIDENT ALIEN FOR TAX PURPOSES for this calendar year. Go to Section D below.

SECTION D. EXEMPTION FROM WITHHOLDING FOR THE NONRESIDENT ALIEN

A. All payments made to Nonresident Aliens are subject to U. S. federal tax withholding at a statutory rate of 30%. However, you may choose to claim an exemption from withholding or a reduced rate of withholding via a U. S. Tax Treaty if you meet the following requirements:

1. You must be a resident of a country that has a tax treaty with the U. S. (Consult IRS Publication 901-U.S. Tax Treaties at http://ftp.fedworld.gov/pub/irs-pdf/p901.pdf). In addition, the tax treaty must have a treaty article applicable to the type of payment you will be receiving:
   - Scholarship or Fellowship Article for Scholarship, Fellowship, Traineeship, and Stipend Payments.
   - Independent Personal Services Article for Fee for Services, Honoraria, and Reportable Travel Payments.

2. You must meet all requirements regarding residency, time, and dollar limitations described in the tax treaty.

3. You must have a Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) in order to claim a treaty exemption.

B. Do you want to claim a treaty exemption from U. S. federal tax withholding? (Check one box only)

[ ] YES. I am a resident of a country that has a tax treaty with the U. S. and has an applicable tax treaty article. Therefore, I claim exemption from U. S. tax withholding via a U. S. Tax Treaty with ____________, my country of residence. I have attached one of the following IRS Forms: (Consult IRS Website for Forms and Instructions at http://www.irs.ustreas.gov/prod/forms_pubs/index.html)
   - IRS FORM 8233 for Fee for Services, Honoraria, and Reportable Travel Payments.
   - IRS FORM W8-BEN for Scholarship, Fellowship, Traineeship, Stipend, and Royalty Payments.

[ ] NO. I choose not to claim a treaty exemption from U.S. tax withholding, even though I am a resident of a country that has a tax treaty with the U. S. and an applicable treaty article. I understand taxes will be withheld at 30% or 14% (Scholarship, Fellowship, Traineeship, or Stipend).

[ ] NO. I cannot claim a treaty exemption from U. S. tax withholding because I do not meet the requirements stated in Part A above. I understand taxes will be withheld at 30% or 14% (Scholarship, Fellowship, Traineeship, or Stipend).

Section E. CERTIFICATION OF INFORMATION PROVIDED ON THIS FORM

Under penalties of perjury, I certify that the information entered above is correct; and if a reduced rate or exemption from tax applies, I further certify that I have complied with all tax treaty requirements to qualify for the reduced rate or exemption from tax. (For RA, IRS hasn't notified me of backup withholding.)

Signature: Date:

Disbursing Office Use Only

Vendor Code: 1099/1042 & WH Ind:

Initials Date Initialed

Vendor Code: 1099/1042 & WH Ind:

Expiration Date

Initials Date Initialed