State of Hawaii
Department of Human Resources Development Sponsored Courses
Registration Form 410

Course Title: ___________________________ Course Date/Time: ______________________

Course Provider: ___________________ Course/Session No. (if applicable): ______________

Course Location /Campus: ___________________________ Fee $: ______________

Course Provider's Address: ____________________________________________________________

Registrant's Department Information:

Dept. Name/Address: _________________________________________________________________

Contact Person: ___________________________ Phone: ___________ P.O.: ______________

Contact Person's E-Mail: ___________________________ FAX No.: ________________________

Instructions:

1) List only one class and session per form.
2) List participants in order of priority.
3) Mail/FAX this registration form directly to the course provider or departmental personnel office (if applicable). Enrollment is on first-come, first-served basis.
4) Persons who have special needs (e.g. sign language interpreter, large print materials, mobility devices, etc.) should note this on the Form 410 and submit it no later than 10 working days prior to the start of class.

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<tr>
<th>Name/s (Last, First, M.I.)</th>
<th>E-mail Address</th>
<th>Title</th>
<th>Division</th>
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I have determined that this training is appropriate for the position(s) listed above.

Signature of Division Supervisor: ___________________________ Date: ______________

Signature of Dept. Head or Authorized Rep.: ___________________________ Date: ______________

Revised 12/12/05