

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

Department's Name: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Date/Time: \_\_\_\_\_

Course Provider: \_\_\_\_\_ Course/Session #: \_\_\_\_\_

Course Location/Campus: \_\_\_\_\_ Fee: \$\_\_\_\_\_

Instructions:

- 1) List only **ONE** class and session per form
- 2) List participants in order of priority
- 3) Send this registration form directly to the course provider or departmental personnel office ( if applicable)
- 4) Persons who have a need for auxiliary aids and services requests should note this on the Form 410 and submit no later than 15 working days prior to the start of class

Name/s (Last, First, M.I.)	Email Address	Division	Phone No.

**METHOD OF PAYMENT: Check one box and complete requested information**

P-Card      P-Card Holder's Name: \_\_\_\_\_  
P-Card Holder's E-mail address : \_\_\_\_\_  
P-Card Holder's Contact Phone Number: \_\_\_\_\_  
P-Card Billing address: \_\_\_\_\_  
\_\_\_\_\_

Check      Check#: \_\_\_\_\_

P.O.      PO#: \_\_\_\_\_

I have determined that this training is appropriate for the person/s listed above.

Signature of Authorized Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dept. Head or Authorized Rep: \_\_\_\_\_ Date: \_\_\_\_\_