

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

**Course Information:**

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

Provider: \_\_\_\_\_ Course/Session no. (if applicable): \_\_\_\_\_

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

Provider's Address:  
\_\_\_\_\_

**Department Information:**

Dept. Name/Address:  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ P.O.: \_\_\_\_\_

Instructions:

- 1) List only **one** class and session per form.      FAX No.: \_\_\_\_\_
- 2) List participants **in order of priority.**
- 3) Mail 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.

| Name/s (Last, First, M.I.) | Soc. Sec. No. * | Title | Division | Phone No. |
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**Include social security number for classes being conducted by the community colleges or Dept. of Human Resources Development. Social security number will be used for registration purposes only.**

I have determined that this training is appropriate for the position(s) listed above.

Signature of Dept. Head or authorized rep.: \_\_\_\_\_ Date: \_\_\_\_\_