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

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.: _________________

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.)         SSN *         Title       Division       Phone No.
*Include SSN for classes being conducted by the community colleges. Information is for class 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: ______________________