

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. No.: _____

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** 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.)	E-mail Address	Title	Division	Phone No.

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: _____