



Hawaii & Pacific Parent Training & Information Center

American Samoa, Commonwealth of Northern Mariana Islands
Federated States of Micronesia, Guam, Hawaii, Republic of the Marshall Islands, Republic of Palau

Island Wide Conference on Disabilities

Saturday, April 29, 2017

Registration Form

*Please complete this form to register for our upcoming training event.
We will not share your information with anyone.*

Name: _____ Date: _____

Complete Address: _____

Phone (Work/Cell/Home): _____ Email: _____

1. **Reason for Attending**-Check the option that best describes the reason you are attending this conference.

- I am a Parent/Legal Guardian of a child with a disability
- I am a Surrogate Parent of a child with a disability
- I am a Grandparent of a child with a disability
- I am a Student, grade/year: _____
- I am a Professional, title: _____
- Other, please specify : _____

Please complete



2. **Have you attended a training presentation from us in the past 12 months?**

No Yes Date of last training: _____

3. **Are you or your spouse an active duty military service member?**

No Yes If yes, Branch: _____

4. **How did you hear about this conference?**

- | | |
|---|---|
| <input type="checkbox"/> Our Website | <input type="checkbox"/> Agency, please specify: _____ |
| <input type="checkbox"/> Our Facebook Page | <input type="checkbox"/> School, please specify: _____ |
| <input type="checkbox"/> Our Newsletter | <input type="checkbox"/> Newspaper, please specify: _____ |
| <input type="checkbox"/> Our Flyer | <input type="checkbox"/> Radio, which station: _____ |
| <input type="checkbox"/> Other, please specify: _____ | |

Please return this form to us to complete your registration. Thank you!