



## Employment Network Orientation and Recruitment Sessions

Feb 23-27, 2009

### REGISTRATION FORM

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does your organization currently hire individuals with disabilities?  Yes  No

If your organization is a Medicaid Waiver provider agency, does your organization offer:

HAB-SE

Workplace Personal Assistance Services

I'm registering for:

<p><b>Kaua'i</b> Feb 24 2pm – 4pm <i>Kauai Marriott Resort</i> <input type="checkbox"/></p>	<p><b>Hawai'i – Hilo</b> Feb 25 11am – 1pm <i>Hilo Hawaiian Hotel</i> <input type="checkbox"/></p>	<p><b>Hawai'i – Kona</b> Feb 25 5pm – 7pm <i>Sheraton Keauhou Bay</i> <input type="checkbox"/></p>	<p><b>Māu'i</b> Feb 26 2pm – 4pm <i>Café O Lei at the Dunes</i> <input type="checkbox"/></p>	<p><b>O'ahu</b> Feb 27 8:30am – 11am <i>Ala Moana Hotel</i> <input type="checkbox"/></p>
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#### For Lāna'i and Moloka'i participants only

I am requesting a Ferry Reimbursement to be able to attend

Accessibility Accommodations (please send your request by February 17):

Braille

Large Print

ASL Interpreter

Electronic format

**By Mail:** Mail completed form to University of Hawaii Center on Disability Studies at  
1776 University Avenue, UA 4-6, Honolulu HI 96822 ATTN: MIG

or

**By Fax:** Fax completed form to 808-956-5760

or

**By Email:** MIG@hawaii.edu

**DEADLINE: Registration form must be received by February 20, 2009**

This is an innovative collaboration between Hire Abilities Hawai'i, Hawai'i Vocational Rehabilitation and the Social Security Administration

