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## Legislative Advocacy Workshop

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

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

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

Phone #: Day: \_\_\_\_\_ Cell : \_\_\_\_\_

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

### ***I will be attending:***

**Honolulu, Oahu on March 22, 2013 (Friday)** (Venue: HawaiiUSA Federal Credit Union, 1226 College Walk, Honolulu, HI 96817)

\_\_\_\_\_ Two hour workshop : \$50

**\*\*\* Light refreshments will be provided. \*\*\***

### ***Payment Methods:***

*Check enclosed* \$ \_\_\_\_\_ (Please make check payable to "PARENTS, Inc." and send the completed registration form with check payment to: P.A.R.E.N.T.S., Inc., 45-955 Kamehameha Hwy, Suite 403, Kaneohe, HI 96744.)

Credit Card via PayPal Confirmation Receipt No: \_\_\_\_\_

Purchase Order (Check will follow / is enclosed.)

- *All payments must be submitted with a registration form.*
- *Attach a copy of PayPal confirmation email if you don't get a confirmation receipt no.*
- *Cancellations made 3 working days prior to the workshop will be entitled to a full refund. No refunds will be made thereafter.*