Non-Credit Registration Form (cont’d)

COMPLETE BOTH PAGES OF REGISTRATION FORM AND SUBMIT TO OCEWD VIA WALK-IN, EMAIL, OR FAX. BE SURE TO INCLUDE BOTH PAGES.

**PARTICIPANT INFORMATION**

<table>
<thead>
<tr>
<th>Name (Last, First, M.I.)</th>
<th>Date of Birth (Mo/Day/Yr)</th>
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<table>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Phone (Home)</th>
<th>Phone (Work)</th>
<th>Phone (Mobile)</th>
<th>Email (REQUIRED)*</th>
<th>Put &quot;N/A&quot; if you don’t have email.</th>
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*NOTE: You will receive a confirmation of enrollment by mail, and you will receive an email receipt, as well as a University of Hawai’i Community Colleges username. This information allows you to have your own account in the system, to view your registered courses and to receive future course updates.

I currently have (please check all that apply)
- Hawaii Driver’s License Number: [ ]
- Out of State Driver’s License: Issuing State [ ]
- Motorcycle License [ ]

**FOR MOTORCYCLE CLASSES**

Do you have a Hawaii Motorcycle Permit? Yes [ ] No [ ]
If "NO", STOP. You cannot register for the course. If "YES", please provide your HDL# ________

I fully understand the OCEWD Non-Credit Registration policy and all applicable policies of Leeward Community College.

Participant Signature _____________________________ Parent Signature _____________________________ Date ______________
(if participant is under 18 years of age)

**COURSES**

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Start Date</th>
<th>Start Time</th>
<th>Tuition</th>
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TOTAL TUITION $ ______________

**PAYER INFORMATION**

FILL OUT THIS PORTION ONLY IF PAYER IS DIFFERENT FROM PARTICIPANT

<table>
<thead>
<tr>
<th>Contact Person (Last, First, M.I.)</th>
<th>Company/Agency</th>
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<tr>
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<th>Fax (Work)</th>
<th>Email</th>
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**PAYMENT INFORMATION**

SELECT A PAYMENT METHOD

- Check or Money Order No. _____________________________ Make checks payable to: Leeward Community College
- Cash Amount: $ _____________________________

CREDIT CARD PAYMENTS: Credit card payments are accepted ONLY online, or in-person. Each course has a section to register and pay online. In-person payments will be processed through our registration staff.

PLEASE CONTINUE ON NEXT PAGE
## SUBSCRIPTION LIST & SURVEY

Now that you’re registering for an OCEWD course, take the next step and be a part of our ‘Ohana. Simply submit your email below and you’ll receive periodic updates on new courses, news and events, tuition assistance opportunities and more. It’s **FREE** and you can opt-out at any time.

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<tr>
<th>Email address (Optional - Please write clearly)</th>
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Please fill out the short survey below to help us improve our outreach to future participants.

1. How did you hear about this course?  
   *(Please check all that apply)*
   - [ ] Catalog
   - [ ] Website/Enewsletter
   - [ ] Newspaper Ad
   - [ ] Word-of-mouth (Friend/Family)
   - [ ] Workplace
   - [ ] Counselor/Case Worker
   - [ ] Other __________________________________________________

2. How do you prefer to receive information about training?  
   *Rank the following choices 1-5 with 1 being the most preferred*
   - [ ] Direct Mail (Postal)
   - [ ] Email/Enewsletter
   - [ ] Word-of-mouth (Friend/Family Member)
   - [ ] Print Advertisement
   - [ ] Broadcast Advertisement (TV/Radio)

3. Which device do you use most often to access the internet?  
   *(choose one)*
   - [ ] Personal Desktop or Laptop
   - [ ] Shared Computer (Library/School/Community Center)
   - [ ] Mobile Phone/Tablet
   - [ ] I don’t own any of these devices

4. What kind of training would you (or someone you know of) be interested in that is not currently offered at OCEWD?  
   *(Please list as many as you’d like, and be specific)*
   __________________________________________________  
   __________________________________________________  
   __________________________________________________  
   __________________________________________________  

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