

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				
Legal Name (Last, First, M.I.)			Date of Birth (Mo/Day/Yr)	
Street Address		City	State	Zip Code
Phone (Home)	Phone (Work)	Phone (Mobile)	Email (REQUIRED)* Put "N/A" if you don't have email.	
*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)				
<input type="checkbox"/> Hawaii Driver's License Number: H _____		<input type="checkbox"/> Out of State Driver's License: Issuing State _____		
<input type="checkbox"/> Motorcycle License				
FOR MOTORCYCLE CLASSES		Do you have a Hawaii Motorcycle Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		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				
Course No.	Course Title	Start Date	Start Time	Tuition
TOTAL TUITION \$				_____

PAYER INFORMATION		FILL OUT THIS PORTION ONLY IF PAYER IS DIFFERENT FROM PARTICIPANT		
Contact Person (Last, First, M.I.)		Company/Agency		
Street Address		City	State	Zip Code
Phone (Work)	Fax (Work)	Email		

PAYMENT INFORMATION		SELECT A PAYMENT METHOD	
<input type="checkbox"/> Check or Money Order No. _____ <i>Make checks payable to: Leeward Community College</i>		<input type="checkbox"/> 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



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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.

Email address *(Optional - Please write clearly)* _____

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)
