DISABILITY LEADERSHIP INSTITUTE
TAPA CONFERENCE ROOM, HILTON HAWAIIAN HOTEL
HONOLULU, HAWAII
MAY 8TH, 2006

REGISTRATION FORM

(PLEASE PRINT OR TYPE LEGIBLY)
Name:_____________________________________________________
Title:_____________________________________________________
Institutional Affiliation:_______________________________________
Mailing Address: _____________________________________________
Street:_____________________________________________________
City:____________________ State: _______ Zip: ___________
Phone: __________________________ Fax: _______________________
E-mail Address: _____________________________________________
Brief Background Description and Areas of Interest Related to the Institute:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ALTERNATIVE FORMATS AND ACCOMMODATIONS

Please indicate if you require Institute materials in:
☐ Braille ☐ Large Print ☐ CD Text File ☐ Other________________________

Please indicate if you require
☐ Sign Language Interpretation ☐ Closed Captioning ☐ Assistive Listening Device
☐ Other Communication Assistance ________________________________
☐ Please check if you would like vegetarian meals.

Are there any other accommodations that you require in order to participate in the Institute?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

* Lunch will be provided. No registration fee is required.

For more information, please go to http://www.ntac.hawaii.edu
Please fax this form to Joeun Ham at 808.956-7878 or email joeun@hawaii.edu