

**NATIONAL CAPACITY BUILDING INSTITUTE
SHERATON WAIKIKI HOTEL
HONOLULU, HAWAII
MARCH 16, 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 Floppy 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?

METHOD OF PAYMENT INSTITUTE FEE SCHEDULE

(Make Checks payable to RCUH)

\$25 Registration fee

Check Cash

Purchase Order# _____

Visa or MasterCard (circle one) # _____ Exp. Date mo./yr.

3 digit VO # _____