

Hawaii Child Care Nutrition Program
Fall 2014 *Family Child Care* Workshop Registration Form

“Allergies, Allergies, All Around!”

Center name _____

Address _____

City _____ Zip Code _____

Phone _____ Fax _____

Name of Participant(s): _____

E-mail _____

A confirmation letter will be e-mailed to you upon receipt of your registration form. If you do not have an e-mail, please indicate so and the letter will be faxed or mailed to you. ***If you do not receive a confirmation form, please contact HCCNP to confirm that your seat is reserved.***

NOTE: Registration will close **1 week prior to the scheduled workshop date.
See enclosed flyer for specific dates.*

Session Attending:

Place: _____

Date: _____

Time: _____

Please mail, e-mail, or fax registration form to:

Hawaii Child Care Nutrition Program
1955 East-West Road, #306
Honolulu, Hawaii 96822
Email: hccnp@hawaii.edu
Fax : (808) 956-6457

Please contact Kimberly at hccnp@hawaii.edu or (808) 956-4124 if you have any questions.

The University of Hawaii, Cooperative Extension Service (UH-CES) recognizes its duty to provide program accessibility for persons with disabilities. If you have a disability or need special assistance (e.g., sign language interpreter, designated parking), please contact Kimberly two weeks prior to the workshop date so that special arrangements can be made.