

LEARNING DISABILITIES ASSOCIATION OF HAWAII

245 NORTH KUKUI STREET, SUITE 205, HONOLULU, HAWAII 96817

TRAVELING MINI-CONFERENCE, 2017

I am registering for the island of: () Hilo () Kona () Oahu () Maui () Kauai () Lanai () Molokai

Name _____ Date _____

Address _____ City/State/Zip _____

Phone: (Cell/Work/Home) _____ Email: _____

Participant Information – check the one that best applies to the reason why you are attending this workshop

I am a Parent/Legal Guardian of a child with a disability

I am a Surrogate Parent of a child with a disability

I am a Parent

: _____ I am a Student, grade/year

: _____ I am a Professional, title

: _____ Other, please specify

Please complete

Child	Age	Male / Female	Primary Ethnicity	Primary Disability
#1				
#2				
#3				

Have you attended a LDAH workshop in the past 12 months?

Yes Date of last attendance: _____

No

Military Members

Are you or your spouse an active duty service member?

Yes

If yes, what branch: _____

No

How did you hear about this presentation?

Agency, please specify: _____ :Newspaper, please specify

School, please specify: _____ :Radio, which station

LDAH Website (www.LDAHawaii.org) :Other, please specify

Please return to:

Learning Disabilities Association of Hawaii
245 N. Kukui Street, Suite 205, Honolulu, Hawaii 96817

or

Email to:

RRowe@ldahawaii.org

Mahalo!

Revised;4/15;RR