

Hawaii State Council on Developmental Disabilities

A DAY AT THE CAPITOL

Thursday, March 14, 2014

State Capitol Auditorium

Neighbor Island REGISTRATION FORM

Name: _____

Street Address/PO Box: _____

City: _____ Zip: _____

Day Phone: _____ Other Phone: _____ Email: _____

AIRFARE SCHOLARSHIP REQUEST

Print clearly legal name (must match your ID) and date of birth (month/date/year)

Participant _____
Date of Birth _____/_____/_____

Personal Assistant _____
Date of Birth _____/_____/_____

Personal Assistant _____
Date of Birth _____/_____/_____

BENTO LUNCH REQUEST

A bento lunch will be provided: Regular (rice, mochi chicken, BBQ meat, kamaboko, takuwan, pickled vegetables) OR Vegetarian (rice, assorted vegetables that may include bean sprouts, watercress, eggplant, takuwan, pickled vegetables)

1. I want a (circle one) regular/vegetarian bento.
2. _____ wants a (circle one) regular/vegetarian bento.
(Name of personal assistant)
3. _____ wants a (circle one) regular/vegetarian bento.
(Name of personal assistant)

Do not complete this section, if you do not want a bento lunch.

Complete and send form to: Hawaii State Council on Developmental Disabilities
919 Ala Moana Boulevard, #113
Honolulu, HI 96814-4920

Fax: (808) 586-7543 **Email:** rachel.gonzales@doh.hawaii.gov

Registration form and/or request for access accommodations are DUE ON OR BEFORE Tuesday, February 25, 2014. Late submissions and requests may not assure accommodations and lunch.

For more information and requests for access accommodations,
call the DD Council Office at (808) 586-8100.