



4 EASY WAYS TO REGISTER



By Phone: Call 984-3231 Monday through Friday 8:00am to 4:30pm, Saturday 8:00am to 11:00am and use your credit card.

Acceptable Credit Cards  



By Mail: Fill out a registration form and mail with a credit card authorization or a check made out to the University of Hawai'i. (There is a \$25 service fee for returned checks.)



In Person: Visit the front desk at the Laulima Building on UHMC campus during the hours listed above. No cash payments after 3:00pm, nor on Saturdays; check or credit card only.





By Fax: Fill out the entire registration form and fax the completed form with credit card information to 244-9632.



You are registered when we receive your payment.

Refunds: A 100% refund is given when you request to withdraw at least 3 working days prior to the first class meeting. We are unable to issue refunds after that time, due to commitments to trainers. We encourage you to register early with a credit card. The payment will not be processed until 2 business days prior to the class. Please allow 4-6 weeks for a refund if paying by cash or check.

Tuition Assistance: Ask our registrars for information.

EdVenture reserves the right to change class locations, schedules, fees and instructors when necessary. *some restrictions apply

| PAYMENT | | REGISTRATION FORM | | |
|---|---------------------|--|--------------------|-------------|
| <input type="checkbox"/> Check # Make check payable to: University of Hawai'i Mail to: UHMC - EdVenture 310 W. Ka'ahumanu Ave. Kahului, HI 96732 <input type="checkbox"/>  <input type="checkbox"/>  | | Course # | Course Name | Cost |
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| | | | | |
| | | Tuition Subtotal \$ _____ Minus Applicable Discount \$ _____ Total Included \$ _____ | | |
| Card # | | Name | | |
| Address | | DOB | | |
| Expiration Date | CVC Code (3 digits) | Address | | |
| Authorized Signature | | City | State | Zip Code |
| Print Name | | Phone (Home) | | |
| | | Phone (Work) | | |
| | | E-mail address | | |

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| Address | | DOB | | |
| Expiration Date | CVC Code (3 digits) | Address | | |
| Authorized Signature | | City | State | Zip Code |
| Print Name | | Phone (Home) | | |
| | | Phone (Work) | | |
| | | E-mail address | | |