

WORKFORCE SECURITY AWARENESS TRAINING REGISTRATION FORM

**Speaker: Rahul Maitra, HHIE General Counsel and Privacy Officer**

Mail the completed registration form and payment to: Hawai‘i Health Information Exchange

900 Fort Street Mall, Suite 1305

Honolulu, HI 96813

**DEADLINE TO REGISTER IS: FRIDAY, OCTOBER 20, 2017**

Contact Siri Solheim at [ssolheim@hawaiihie.org](mailto:ssolheim@hawaiihie.org) or (808) 441-1346 with any questions

**THURSDAY, OCTOBER 26, 2017**

12:00 p.m. – 2:00 p.m.

The Queen’s Conference Center, Mabel Smyth Auditorium 510 S. Beretania St., Honolulu

(*Light lunch will be served)*

Registration Fee:

$60.00 per person (1–4 persons from the same practice) \_\_\_\_\_\_ people x $60.00 = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$35.00per person (5 or more persons from the same practice) \_\_\_\_\_\_ people x $35.00 = $ \_\_\_\_\_\_\_\_\_\_

Total Cost =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment:

Please make checks or money orders payable to: Hawai‘i Health Information Exchange

Please find enclosed a check or money order in the amount of $ \_\_\_\_\_\_\_\_\_\_\_

*I would like to receive payment confirmation via email:*

Contact Information: First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of the attendees from your practice that will be attending:

**(As you would like printed on the attendance certificates):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return the registration form with your check. Thank you.**