



**7th Annual Hawai'i Conference on Language Access**  
*'Ike 'Āina – Language Access and Cultural Literacy*  
**August 6-8, 2014 at Neal S. Blaisdell Center**  
**Cultural Competency Workshop**  
**August 8, 2014 at UH William S. Richardson School of Law**

## REGISTRATION FORM

Registration is **FREE**. Please complete and return to the Office of Language Access by: **July 21, 2014** via Fax (808-586-8733); email at [ola@doh.hawaii.gov](mailto:ola@doh.hawaii.gov); or mail to OLA 830 Punchbowl St., Suite 322, Honolulu, HI 96813.

**Wednesday and Thursday, August 6-7, 2014**  
**Days 1 & 2: Language Access Conference**  
**8:00 a.m. to 4:30 p.m.**  
**Pikake Room, Neal S. Blaisdell Center**  
**Honolulu, Hawai'i**

**Friday, August 8, 2014**  
**Day 3: Cultural Competency Workshop**  
**8:00 a.m. to 4:30 p.m.**  
**CR 2, UH - William S. Richardson School of Law**  
**Honolulu, Hawai'i**

DAY 1 – CONFERENCE	DAY 2 – CONFERENCE	DAY 3 – WORKSHOP
<b>Yes, I plan to attend:</b> <i>Registration starts at <b>7:30 a.m.</b></i> <i>Limited to first <b>300</b> registrants</i>	<b>Yes, I plan to attend:</b> <i>Registration starts at <b>7:30 a.m.</b></i> <i>Limited to first <b>300</b> registrants</i>	<b>Yes, I plan to attend:</b> <i>Registration starts at <b>7:30 a.m.</b></i> <i>Limited to first <b>100</b> registrants</i>
Yes, I would like lunch. Choose one: Standard meal Vegetarian meal	Yes, I would like lunch. Choose one: Standard meal Vegetarian meal	Yes, I would like lunch. Choose one: Standard meal Vegetarian meal

**PLEASE PRINT CLEARLY**

First Name:		Last Name:	
Organization:			
Mailing Address:	Street Address:		
	City:	State:	Zip:
Business Phone:		Fax:	
Email Address :			
I am/from:			
State/County Agency	Non-Profit/Community Organization	Private Sector/Business	
Student/Academic	Interpreter/Translator	Other _____	

### EXHIBITOR/SPONSOR INFORMATION

I would like to be an exhibitor (Blaisdell only) <input type="checkbox"/> Non-profit: Free <input type="checkbox"/> Private sector: \$100	I would like to be a sponsor <input type="checkbox"/> General \$200 & up <input type="checkbox"/> Snacks \$500 <input type="checkbox"/> Lunch \$2000
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**ACCESSIBILITY ASSISTANCE:** If you require special assistance or auxiliary aids and/or services to participate in this conference (i.e., sign interpreter; interpreter for language other than English; or wheelchair accessibility) please contact the Office of Language Access (OLA) at 586-8730 no later than **July 21, 2014.**

**PARKING INFORMATION:**

- **August 6<sup>th</sup> & 7<sup>th</sup> - Neal S. Blaisdell Center, King Street Gate Main Entrance, opens at 5:30 a.m.**

Daily rate up to 5:00 p.m. = \$6.00, pay at the entrance  
In/Out parking privileges (single day) = \$7.00

- **August 8<sup>th</sup> - University of Hawaii Mānoa, Lower Campus Parking Structure**

Daily rate = \$5.00, pay at kiosk on entry, reentry allowed on same day

For more parking information and visitor parking maps <http://manoa.hawaii.edu/commuter/visitor.php>

**PLEASE COMPLETE PAGE 1 OF THIS FORM AND RETURN TO:**

The Office of Language Access  
830 Punchbowl Street, Suite 322  
Honolulu, HI 96813

Phone: (808)586-8730, Fax: (808)586-8733

Email address: [ola@doh.hawaii.gov](mailto:ola@doh.hawaii.gov)

**REGISTRATION DEADLINE: July 21, 2014**