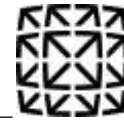


Registration

Hawaii Employers Council



OAHU Fundamentals of Supervision

Please register the following person (please print clearly):

Name: _____ Title _____

Email: _____

Company: _____

Address: _____
Street / P.O. Box City State Zip

Telephone: _____ Fax: _____

Special arrangements request (e.g., front seat, etc.): _____

Register me for: Certificate (8 sessions) Only individual sessions as noted

for Members Only

\$50.00
per person, per session

Includes beverage refreshments and workshop materials.

Registration begins at 8:45 a.m. and 12:45 p.m.

Payment or charge card information must accompany registration.

No class switching allowed within 7 calendar days prior to each session.

Cancellations made seven calendar days prior to each session will be entitled to a full refund. No refunds will be made thereafter.

Mail this form, with payment, to:

Tonya Ahn

Hawaii Employers Council

2682 Waiwai Loop

Honolulu, HI 96819

Phone: 440-8815

Fax: 808-833-6731

(for payment with credit card)

Email: tahn@hecouncil.org

Series Schedule Site – **NEW SITE: HONOLULU COUNTRY CLUB**

Supervision 101 9:00 a.m. - 11:30 a.m.

Wednesday, April 4, 2018

Basic Employment Laws 1:00 p.m. - 3:30 p.m.

Wednesday, April 4, 2018

Preventing Workplace Harassment: An Updated Approach 9:00 a.m. - 11:30 a.m.

Wednesday, April 11, 2018

Interviewing and Selecting – Want to Hire “A” Players? 1:00 p.m. - 3:30 p.m.

Wednesday, April 11, 2018

Building Employee Performance 9:00 a.m. - 11:30 a.m.

Wednesday, April 18, 2018

Investigating and Addressing Misconduct 1:00 p.m. - 3:30 p.m.

Wednesday, April 18, 2018

Performance Appraisal I – Overview 9:00 a.m. - 11:30 a.m.

Wednesday, April 25, 2018

Performance Appraisal II – Communicating with the Employee 1:00 p.m. - 3:30 p.m.

Wednesday, April 25, 2018

Payment Check payable to the Hawaii Employers Council for \$_____ enclosed.

Charge to my: MasterCard Visa American Express Discover

Acct. No. _____ - _____ Exp. Date _____

Include CVV number (last 3 digits on back of the card)

Name on the charge card (print) _____

Cardholder's Billing Address _____

For Office Use Only

Auth. # _____

Date _____ Amount _____

Hawaii Employers Council is registered with the Hawaii State Board of Public Accountancy as a sponsor of continuing professional education. Complaints regarding registered sponsors may be addressed to: Hawaii State Board of Public Accountancy, P. O. Box 3469, Honolulu, Hawaii 96801, (808) 586-2696.