

HONOLULU COMMUNITY COLLEGE

Outreach Office - Off Campus Request Form

Today's Date: _____

Name of Event: _____

Name of Contact Person: _____ Phone: _____

E-mail: _____ Location of Event: _____

Date of event requested: _____ Time: _____ - _____ .

Number of participants: _____ RSVP deadline date _____

Event Type: Registration Fair Speaker Sessions

Other comments: _____

(Please attach a Flyer of the event with Off-Campus Request when e-mailing back to hccreach@hawaii.edu)

For Office Use Only

Representative attending:

Confirmation emailed to contact on form: / /

Details of event emailed to representative: / /

Travel Kit pick up: / /

Travel Kit Return: / /
