



**Hawaii - RECERTIFICATION**  
**August 18-25, 2007**  
**REGISTRATION FORM**

**First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_  
(please indicate last name if different during training) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zipcode** \_\_\_\_\_ **Country** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

**Graduation date** \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

**Date & Location of last completed recertification** \_\_\_\_\_ / \_\_\_\_\_  
(mo/yr) (location)

**List of BYCOI studios currently employed with:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Signature below indicates all information provided above is correct.

\_\_\_\_\_  
(signature) (date)

**DO NOT WRITE BELOW (OFFICE ONLY)**

Copy of Certificate: \_\_\_\_\_  
(yes) (no)

Payment Method: Check / Cash / Credit Card

Picture No. \_\_\_\_\_

Staff initials \_\_\_\_\_