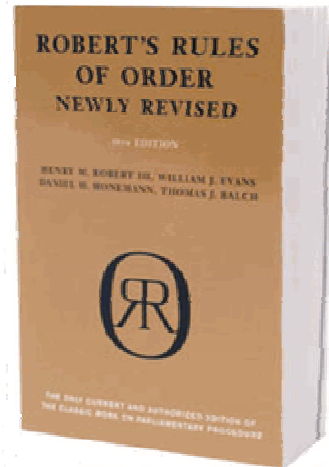


Parliamentary Procedure Fall Class 2009

UNIVERSITY OF HAWAI'I - WEST O'AHU
CENTER FOR LABOR EDUCATION & RESEARCH



Parliamentary Procedure:

5 sessions. For members, chairpersons, secretaries and treasurers of organizations governed by *Robert's Rules of Order Newly Revised*. Topics to include quorum, agenda and order of business; progress of main motions, precedence of motions, elections & voting, minutes; conventions and resolution writing.

Mondays & Wednesdays: September 21, 23, 28, 30 and October 5
CLEAR Classroom, Rm 403 6:30 to 9:00 p.m.
University of Hawai'i - West O'ahu
96-043 Ala Ike, • Pearl City, HI 96782.
[Directions: clear.uhwo.hawaii.edu/clearwomap.html]

Course Fee: \$50.00 ○ Call 454-4774 to register in advance

CLASS WILL BE TAUGHT BY WILLIAM J. PUETTE, PH.D.
REGISTERED PARLIAMENTARIAN (NAP)
CERTIFIED PARLIAMENTARIAN (AIP)

Please contact UHWO CLEAR for more information and/or to register
phone 454-4774 • e-mail: clear@hawaii.edu • website: clear.uhwo.hawaii.edu



University of Hawai'i - West O'ahu

Center for Labor Education and Research

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e-mail: clear@hawaii.edu

Web Site: <http://clear.uhwo.hawaii.edu>

COURSE ENROLLMENT FORM

To enroll in this class, you need to complete and submit this enrollment form as early as possible to the above address. Please register early. Failure to register more than seven (7) days prior to the first class may result in the class being cancelled. Payment of course fee is not required until the first day of class.

The University of Hawai'i is an Equal Opportunity Affirmative Action Institution. For disability accommodations, contact CLEAR at 454-4774 at the time of registration and no later than two weeks prior to commencement of the class.

PLEASE PRINT:

COURSE TITLE: Parliamentary Procedure	CLASS START DATE: Sept. 21, 2009	FEE: \$50.00
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NAME: (LAST, FIRST, M.I.)	
HOME ADDRESS:	_____
TELEPHONE: HOME: WORK:	_____
EDUCATION: PLEASE CIRCLE HIGHEST YEAR COMPLETED:	HIGH SCHOOL: 9 10 11 12 HIGH SCHOOL GRADUATED FROM: _____ COLLEGE: 1 2 3 4 5+ DEGREE EARNED: _____
ORGANIZATION INFORMATION (if applicable)	____ STAFF ____ OFFICER ____ STEWARD ____ MEMBER Organization or Union & Local: _____

FOR CLEAR USE:	DATE RECEIVED:	RECEIVED BY:	
FOR CLEAR USE:	DATE PAYMENT RECEIVED:	RECEIVED BY:	DEPOSIT DATE:
PAYMENT TYPE: CIRCLE	CASH CHECK# _____ M.O.	RECEIPT #:	DEPOSIT RECEIPT #: