



HONOLULU-PACIFIC FEDERAL EXECUTIVE BOARD

300 Ala Moana Blvd Room 1-120 | Box 50268 | Honolulu, HI 96850 | 808-541-2637 | 808-541-3429 fax

Honolulu Determined Accord - Pandemic Influenza Exercise

Wednesday, September 9, 2009, 8:00 am - 12:00 pm

**Navy Fleet and Family Service Center - Rooms 261 & 294
Moanaloa Shopping Center - 4827 Bougainville Drive**

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*Determined Accord Exercise* scenarios were designed to provide information and provoke discussion of important topics. This half-day event starts with an introductory session, followed by a three-hour, facilitated exercise period. Participants are afforded the opportunity to interact with each other. Key will be the opportunities to discuss issues raised during the exercise play, share best practices, and to discuss follow-up actions.

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Who should Attend? We expect attendance at the highest level of each agency, including agency COOP managers. Participation by these key people will significantly contribute to the success of this exercise.

Due to space constraints, registration will be limited to a total of sixty (60) players. As much as possible, we will try to accommodate all interested parties.

Please complete the attached registration form, listing your participants in the order of priority; and send to Jo Barrientos at the Honolulu-Pacific FEB (febstaff@hpfeb.org / fax 808-541-3429).

Registration will end when room capacity is reached or by close of business Friday, August 28, 2009, whichever occurs first. You will receive confirmation of your registrations after August 30th.

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Questions?....

- **Exercise** - Liz Fischer at USDOT-FHWA ([Elizabeth.fischer@dot.gov](mailto:Elizabeth.fischer@dot.gov) / 808-541-2325).
- **Registration** - HP-FEB office ([febstaff@hpfeb.org](mailto:febstaff@hpfeb.org) / 808-541-2637).

*This is an important program that all agencies should attend.  
Don't miss this opportunity!*



# DETERMINED ACCORD

## Honolulu-Pacific FEB



### Interagency Pandemic Influenza Exercise

9 September 2009 ★ 0800-1200

## Registration Form

All contact information required. Print or Type CLEARLY.

**Contact Person**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Department / Agency: \_\_\_\_\_

Address: \_\_\_\_\_

**Attendee Participants:**  
Registration may be limited to a MAXIMUM of two participants per agency. This depends upon the number of RSVPs received. Please list your requested attendees in priority order.

1) Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  Check if COOP Point of Contact

2) Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  Check if COOP Point of Contact

3) Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  Check if COOP Point of Contact

4) Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

5) Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please return completed registration form to:**

Honolulu-Pacific Federal Executive Board  
300 Ala Moana Blvd Room 1-120 | Box 50268 | Honolulu, HI 96850

**febstaff@hpfeb.org or 808-541-3429 fax**