

26236 Wax Road | Denham Springs, LA 70726 | 504-301-7194

**Virtual Customer Service (Google Meet platform)  
Teacher Training & Certification Workshop**

**Type and Email this form to** [**Paul@atgfreshstart.com**](mailto:Paul.Grethel@gmail.com)

**Check off (or X) which training: Register by**

|  |  |  |
| --- | --- | --- |
|  | June 1, 2022—8 a.m.-2 p.m. | **May 25** |
|  | July 6, 2022—8 a.m.-2 p.m. | **June 30** |
|  | August 24, 2022—8 a.m.-2 p.m. | **August 17** |
|  | September 21, 2022—8 a.m.-2 p.m. | **September 21** |

**Registration Form**

|  |  |
| --- | --- |
| TYPE Registrant’s Name |  |
| School Name |  |
| School Street Address |  |
| School City, State, ZIP |  |
| School Phone w/AC |  |
| School Fax w/AC |  |
| \*Cell Phone w/AC |  |
| Registrant’s School Email Address |  |
| Home Street Address  ***(needed to ship textbook)*** |  |
| City, State and ZIP Code |  |
| \*Registrant’s Personal Email Address |  |

\*We request this in case we need to contact you after school hours or if our emails get blocked by your school system. Please provide this info.

|  |  |
| --- | --- |
| **Please type:** Approval to  attend this virtual training has  been attained from (name of person) |  |
| whose title is |  |

**Invoicing**

|  |  |
| --- | --- |
| **Send the invoice for this $275 training to** | |
| Name of Person |  |
| Email Address of Person |  |
| Title of Person |  |
| School District |  |
| # and Street Name of Person |  |
| City, State & ZIP Code of Person |  |

*Checks should be payable to* ***A T&G Fresh Start****.*

*A w-9 form will be sent with the invoice once the registration form is received.*