

13967 J R Drive | Walker, LA 70785 | 504-301-7194

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

**Email this form to** **Paul.Grethel@gmail.com** **or fax to 225-683-8610 by Nov. 25**

**Date: Thursday, December 3, 2020—starts at 8:30 a.m.**

**Registration Form**

|  |  |
| --- | --- |
|  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 |  |
| 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.*