

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

**Customer Service and/or Business of Retail**

**(using Google Meet online platform)  
Virtual Teacher Training & Certification Workshops-8 a.m.-2 p.m.**

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

**Check off (or X) the box in front of class date to indicate which training:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **✓ off** | ***Customer Service Training*** | |  | **✓ off** | ***Business of Retail Training*** | |
|  | **August 16, 2023** | **Register by August 9** |  |  | **May 31, 2023** | **Register by May 24** |
|  | **Sept. 20, 2023** | **Register by September 13** |  |  | **June 14, 2023** | **Register by June 7** |
|  | | |  |  | **July 26, 2023** | **Register by July 19** |
|  |  | **August 23, 2023** | **Register by Aug. 16** |
|  |  | **September 27, 2023** | **Register by Sept. 20** |
|  |  | **October 25, 2023** | **Register by Oct. 18** |

**Registration Form—Must be Typed**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** Registrant’s Name |  | | |
| School Name |  | | |
| School Street Address |  | | |
| School City, State, ZIP |  | | |
| School Phone w/AC |  | | |
| \*Cell Phone w/AC (trainer will text you) |  | | |
| Registrant’s School Email Address |  | | |
| Home Street Address  ***(textbooks are shipped to home address)*** |  | Apt. # |  |
| City, State and ZIP Code |  | | |
| \*Registrant’s Personal Email Address |  | | |

\*We request this in case we need to contact you after school hours, if our emails get blocked by your school system and to text you info on day of training. Please provide this info.

|  |  |
| --- | --- |
| **Please type:** Approval to attend this virtual training has been obtained from (name of person) |  |
| whose title is (principal, supervisor, other title) |  |

**Invoicing**

|  |  |
| --- | --- |
| **I am following my school district’s process for approval to attend this training and certify that the person I’ve listed below is to be sent the invoice for this $295 fee.** | |
| School District Name |  |
| Name of Person to invoice |  |
| Email Address of Person |  |
| Title of Person |  |
| # and Street Name of Person |  |
| City, State & ZIP Code of Person |  |

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