

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)

**Once we receive your registration form, expect an emailed copy of an invoice and another email with the link to the online session followed by an email from Rise Up.**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **✓ off** | ***Customer Service Training*** | |  | **✓ off** | ***Business of Retail Training*** | |
|  | **May 28, 2025** | **Register by May 21** |  |  | **June 11, 2025** | **Register by June 4** |
|  | **July 23, 2025** | **Register by July 16** |  |  | **July 30, 2025** | **Register by July 23** |
|  | **August 20, 2025** | **Register by Aug. 13** |  |  | **August 28, 2025** | **Register by Aug. 21** |
|  | **September 10, 2025** | **Register by Sept. 3** |  |  | **September 17, 2025** | **Register by Sept. 10** |

**Registration Form-ALL Info Below is Required 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 |  | | |
| REQUIRED--Home Street Address  ***(textbooks are shipped to home address)*** |  | Apt. # |  |
| City, State and ZIP Code |  | | |
| REQUIRED-\*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. We also use your personal email address to register you as a student in Rise Up.

|  |  |
| --- | --- |
| **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 for each course. If you do not follow your district’s process, you will personally be responsible for payment.** | | | |
| School District Name |  | | |
| Name of Person to invoice |  | Phone # |  |
| Email Address of Person |  | | |
| Title of Person |  | | |
| # and Street Name |  | | |
| City, State & ZIP Code |  | | |

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

**🞏 CS text**

**W-9 will be sent with invoice 🞏 BR text**

**Did you check off the class you plan to attend and fill in all blanks? If not, it will be returned.**