

INSTITUTE REGISTRATION FORM

Comprehensive Training Programs for Classified Leaders
DIRECTOR OF STUDENT NUTRITION SERVICES
Fax completed registration form to TSS at 707.422.6494
or email to workshops@totalschoolsolutions.net.

Personal Information

(All fields are required)

First Name: _____ Last Name: _____

Title/Position: _____

District Name: _____

Address: _____

(Number) (Street Name)

(City)

(Zip Code)

Phone 1: _____ Phone 2: _____

Email Address: _____

Location

Pomona Unified School District - 800 South Garey Avenue, Pomona, CA 91766

Start Date

October 20, 2017

Institute sessions begin at 8:00 a.m. and end at 5:00 p.m.

Cost:

\$4,500 per person
All materials included

Method of Payment:

Check made payable to Total School Solutions

District Purchase Order (PO# _____)

Mail Payment to: Total School Solutions, 4751 Mangels Blvd., Fairfield, CA 94534

Cancellation Policy

- Cancellations received by September 30, 2017 will be subject to a \$500 fee.
- Cancellations received on or after September 30 and "No Shows" will be subject to the full registration fee.
- All cancellations must be submitted in writing.

Your Signature: _____

I understand and accept the cancellation policy