

REGISTRATION FORM

Director of Maintenance and Operations

Fax completed registration form to TSS at 707.422.6494
or email to [aaahad@totalschoolsolutions.net](mailto:aahad@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

Compton Unified School District
501 S. Santa Fe Avenue, Compton, CA 90221

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 February 27, 2020 will be subject to a \$500 fee.
- Cancellations received on or after February 27, 2020 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