

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

Total School Solutions, PD Center, 4751 Mangels Blvd., Fairfield, CA 94534

Start Date

March 9-10, 2018

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

Purchase orders or checks must be received by February 20, 2018

Cancellation Policy

- *Cancellations received by February 20, 2018 will be subject to a \$500 fee.*
- *Cancellations received on or after February 20, 2018 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