



Training, Achievement,
Diversity & Strength

Training Education Support Institute

Training/Workshop Registration Form

(complete one form per person)

Name: _____ Workforce Registry # _____

Address: _____

Phone: _____ Email: _____

___ Parent/Guardian ___ Family Child Care ___ Center Based Teacher
___ Potential Caregiver ___ Family, Friends & Neighbor Caregiver
___ Community Member ___ Court Appointed

Training/Workshop Name: _____

Date: _____ Cost: _____

Payment:

- Cash (exact amount)
- Money Order/ Cashiers Check (no personal checks)
- Credit Card (4.1% processing fee added to total)
 - Name on Card : _____
 - Billing Address: _____
 - Card Number: _____
 - Expiration Date: _____
 - CRV#: _____
 - Zip Code: _____
- PayPal through TESI website (4.1% processing fee added to total)

I authorize TESI to charge the amount above. This is a onetime charge.

Signature _____ Date: _____

- No Refunds for missed classes.
- Arrive 15mins. before class to sign in.

Return form and payment to: TESI 2445 Augustine Dr. Santa Clara CA 95054