

District PBIS Individual Training Registration Form

Training Information and Details to be put on Coursewhere for participants to Register:

Name of Training:

Date of Training: Start Time: End Time: Max Number :

Instructor(s) Name/Title:

Training Location Name and Physical Address :

City: Zip Code:

Location in Building (i.e. the room Name, Number and/or Floor):

Name and **phone number** of contact person for training Location:

Description of Training:

Special Instructions for Registrants:

Contact Information for Person Filling Out this Form

Name: Title:

Organization/Agency: District/Parish:

Physical Address: Mailing Address:

City: Zipcode:

Phone Number: Email Address: