

AVID Path Training

Registration Worksheet/Payment Coversheet

1. **Collect** the information you will need for online registration using this worksheet.
2. **Attendees must register online** at my.avid.org. If you have any questions, email us at edtrainings@avid.org.
3. **Send payment(s)** with completed worksheet to AVID Center.

District and Site Information

DISTRICT	SCHOOL	SCHOOL PHONE
----------	--------	--------------

SCHOOL ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

Registrar: Please provide contact information for the person entering registrations online.

FIRST & LAST NAME	PHONE	EMAIL
-------------------	-------	-------

Attendees: List only those attending the same training. Use a separate form for each training.

Last Name	First Name	Email <small>The registration system requires a unique email address for each attendee.</small>	Job Title/ AVID Role	Strand <small>Check strand availability at the Path Training at my.avid.org</small>
1				
2				
3				
4				
5 <small>CONTINUED ON PAGE 2</small>				

Path to Schoolwide Training Name _____

Dates of Training _____

Payment Method(s) for listed attendees

- Purchase Order # _____ Fax purchase order and completed worksheet(s) to AVID Center, (800) 524-9917.
**Copy of purchase order MUST accompany this worksheet for payment to be applied.*
- Check # _____ Mail check and completed worksheet(s) to: Dept 270 PO Box 509015, San Diego, CA 92150-9015.
- Credit Card Select *Pay Now with Credit Card* online or call (858) 380-4800 and press 2 for Events.
- Other Please specify _____

Cancellation Policy:

- **Registration** - **All requests must be in writing by completing the online [Contact Form](#).** Please refer to the full AVID Center [Cancellation and Refund Policy](#).
- **Cancellation by AVID Center** - AVID Center reserves the right to cancel an Event or Summer Institute strand due to low enrollment. Registrants will be notified via email and other available options will be given at that time. AVID Center is not responsible for any losses incurred as a result of non-refundable travel, lodging, or other costs.

Contact for Payment: Whom may we contact with questions about payment?

FIRST & LAST NAME	PHONE	EMAIL
-------------------	-------	-------

Last Name	First Name	Email <small>The registration system requires a unique email address for each attendee.</small>	Job Title / AVID Role	Strand <small>Check strand availability at the Path Training at my.avid.org.</small>
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Please send completed worksheet(s) with payment to AVID Center.
 Email purchase orders to: avidregistration@avid.org.
 Fax purchase orders to (800) 524-9917.
 Mail checks to Dept 270 PO Box 509015, San Diego, CA 92150-9015.