

AVID Path To Schoolwide Training Payment Coversheet

1. **Collect** the information you will need for online registration using this worksheet.
2. **Attendees must register online** at avid.org. Log in and click on the Event Registration tab on your homepage.
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 the flyer for strands.</small>
1				
2				
3				
4				
5	CONTINUED ON PAGE 2			

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.
- Check #** _____ Mail check and completed worksheet(s) to: AVID Center PO Box 844808 Los Angeles, CA 90084-4808.
- Credit Card** Select *Pay Now with Credit Card* online when registering.
- Other** Please specify: _____

****Copy of purchase order MUST accompany this worksheet for payment to be applied.***

- **Registration** – Cancellations must be submitted in writing via edtrainings@avidcenter.org. Please refer to the full AVID Center Cancellation Policy at the bottom of the [Path to Schoolwide Training page](#).
- **Regional Training** – Please note that AVID Center reserves the right to cancel an event, in whole or in part, for any reason. **AVID Center is not responsible for making or canceling any hotel or airfare reservations.**

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 the flyer for strands.</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.
 Fax purchase orders to (800) 524-9917.
 Mail checks to AVID Center PO Box 844808 Los Angeles, CA 90084-4808.