

Teacher Training 2024 School Registration Form

Name of School	Contact Person			Date			cation and te of Training	
Name of School	Contact Cison		Date				Harrisonburg, VA	
Mailing Address	City	State	Zip	Country	'		July 8-12	
Phone	Fax	Email					August 12-16	
	Persons	Attend	ling Training	5				
Last Name	First Name			Address			Vehicle	
							Will have Will not have	
Phone #:	Email:	Ac	lministrator	Teacher	1	st Grade Teacher	Level II Teacher	
Last Name	First Name			Address			Vehicle	
							Will have Will not have	
Phone #:	Email:	Ac	lministrator	Teacher	1	st Grade Teacher	Level II Teacher	
Last Name First Name				Address			Vehicle	
							Will have Will not have	
Phone #:	Email:	Ac	lministrator	Teacher	1	st Grade Teacher	Level II Teacher	
						1		
Regi	stration Fees		Number A	ttending		Rate	Total	
Total new trainees attending					×	\$165.0	0 \$	
Alumni registration(s)					×	\$110.0	0 \$	
Lodging (Mon-Thu)					×	\$90.0	0 \$	
Lunches (Tue-Fri)					×	\$30.0	0 \$	
Suppers (Mon-Thu)					×	\$30.0	0 \$	
Payment Method VIS	Mastricus DISCOVER AMERICAN EXPRESS					TOTAL (USD) \$	
•	scover American Express	Cash/C	iheck Bill	School				
Charge Card Number			xp. Date	Signature				



P.O. Box 1212 · Harrisonburg, VA 22803-1212 Fax: 877-336-1081 · Email: training@christianlight.org

Questions? Call us at:

1-800-776-0478

Option 2

Notes

- · Additional fees apply for meals & lodging beyond the five training days.
- $\bullet \quad \mathsf{Additional} \ \mathsf{charges} \ \mathsf{will} \ \mathsf{apply} \ \mathsf{to} \ \mathsf{any} \ \mathsf{Christian} \ \mathsf{Light} \ \mathsf{transportation}$ to and from the airport. Contact Christian Light for current rates before purchasing tickets.
- · Send the original form, along with your fee, to Christian Light. You may wish to keep a copy for your records.