

**Instructions**

Please type or legibly print all form sections and email to [training@calhr.ca.gov](mailto:training@calhr.ca.gov).

**Reasonable accommodation** - Please email your request to CalHR training a minimum of three weeks before the start of the class.

**Class cancellation / no show** - A notice of cancellation must be received by the CalHR Statewide Training Center at least five business days prior to the first day of class. Otherwise the full tuition amount will be charged.

**Tardiness** - Students who arrive 15 minutes after the class has (re)convened will not be permitted to continue unless preauthorized by CalHR's Statewide Learning and Performance Management program or the instructor.

**1. Participant Information**

eReg Confirmation Number	Course Title	Course Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Department	Telephone	
<input type="text"/>	<input type="text"/>	
Email	<input type="checkbox"/> Substitution	<input type="checkbox"/> New Registration
<input type="text"/>		

**2. Payment Method**

Please select method of payment:

Check #: \_\_\_\_\_

Charge to our department contract. CalHR contract #: \_\_\_\_\_

Visa/Mastercard #: \_\_\_\_\_  Cal-Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name and/or Department displayed on card must be provided below.

\_\_\_\_\_

### 3. Billing Information

Please provide unit/org's accounting office information below.

Name - Accounts Payable

Department

Address

City

State

Zip Code

Telephone

Email

### 4. Authorization

Required signature of person authorizing your training expenditure.

First Name

Last Name

Department

Division

Telephone

Email

Signature

Date