

## CalHR TRAINING REGISTRATION FORM

**Instructions:** Please TYPE or PRINT legibly all sections of this form and mail or fax it to the California Department of Human Resources (CalHR). You are NOT registered until you receive a confirmation E-mail from CalHR Statewide Training. Please contact us if you do not receive a confirmation within five business days of submission. To mark a "check box," double click the box and select "checked."

PARTICIPANT INFORMATION				
Last Name		First Name		
Department		Classification		
Division				
Address				
City, State, Zip				
Telephone		FAX		Participant E-Mail
Reasonable Accommodation: Please send your request to E-mail: <a href="mailto:ttp@calhr.ca.gov">ttp@calhr.ca.gov</a> and allow a minimum of two weeks' notice.				
COURSE INFORMATION				
Course Title			Tuition	
TRAINING LOCATION				
<input type="checkbox"/> California Department of Human Resources 801 Capitol Mall, Sacramento, CA 95814		<input type="checkbox"/> Other		

DATE PREFERENCE
1 <sup>st</sup> Choice
2 <sup>nd</sup> Choice

PAYMENT INFORMATION	
Payment is expected by the first day of class. Checks should be made payable to the "California Department of Human Resources" and must show the participant's name, course title, and date(s) of class on the face of the check. Arrangements for billing may be made under certain circumstances. If arrangements have been made for billing, please complete the contact information below showing the person responsible for accounts payable. Please select the method of payment:	
<input type="checkbox"/> Check attached # _____	
<input type="checkbox"/> Participant will bring check on the first day of class.	
<input type="checkbox"/> Charge to our department contract # _____	
<input type="checkbox"/> VISA/ MASTERCARD # _____ Expiration: _____	
<input type="checkbox"/> Cal-Card # _____ Expiration: _____ Cal-Card: Name & Department displayed on card need to be provided below.	
<input type="checkbox"/> INVOICE: Please send invoice to person named below:	
Name Accounts Payable	
Department	
Address	
City, State, Zip	
Telephone	Fax

**Confirmation of Enrollment:** A confirmation notice will be e-mailed once the participant has been registered.

**Cancellations, No-Shows:** Cancellations received more than five business days in advance of the first day of the class will be accepted without charge. Late cancellations or no-shows will be charged the full amount of tuition.

**Substitutions:** Substitutions will be accepted up to the first day of class. Substitutes should meet any required criteria for attendance.

**Walk-Ins:** Walk-In registrations will be accepted provided 1) enrollment has not reached maximum and 2) the participant brings a fully authorized CalHR Training Registration form showing the method of payment. There is no guarantee that walk-ins will be admitted to class. Please call for information to ensure that space is available.

**Certificate of Completion:** provided only upon attendance of the entire course.

REQUIRED: SIGNATURE OF PERSON AUTHORIZING YOUR TRAINING EXPENDITURE—This person is responsible for notifying the CalHR Training Office if the participant needs accommodation, class cancellation, or a reschedule.				
Name	Signature:		Date:	
Department				
Division				
Address	Tel:	FAX:	E-mail:	