TV&C Lab Registration Form
Learn. Apply. Build.

Participant Information

First Name: _____ Last Name: _____

Classification: _____

Department: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

E-mail Address: _____

Training Information

Training Series Title & Date(s): _____

Tuition Cost: _____

Payment Information

Arrangements for billing may be made by completing the information below. Payments are expected by the first day of class; checks should be made payable to the **"State Personnel Board: TV&C Program"** and must show the participant's name, course title, and date(s) of class on the face of the check. Please select the method of payment:

☐ Check # _____ ☐ Participant will bring check on the first day of class

☐ VISA/ MASTERCARD # _____ Expiration: _____

☐ Cal-Card # _____ Expiration: _____

Cal-Card Name/Department _____

Name: _____

Signature: _____ **Date:** _____