



DISTRICT TRAINING

Be sure to give the Title of the Class, the Date and the Time.

Name:		
School/Department:		
Phone:		
Position:		
Title of Class:		
1 st choice	Date:	Time:
If my 1 st choice is full, then this is my 2 nd choice: Date:		
Additional Class:		
1 st choice	Date:	Time:
If my 1 st choice is full, then this is my 2 nd choice: Date:		
Additional Class:		
1 st choice	Date:	Time:
If my 1 st choice is full, then this is my 2 nd choice: Date:		
Additional Class:		
1 st choice	Date:	Time:
If my 1 st choice is full, then this is my 2 nd choice: Date:		

All classes will be held at IM Terrell Technology Center, 1850 I.M. Terrell Way in the Training Lab assigned or at the Professional Development Center, 3150 McCart Avenue. Check the Administrative Support Training Schedule for the correct location. Please complete this form and fax it to 817-922-6967 or e-mail it back to Rebecca Steinsiek.