

2012 Training Series Registration Form



California Department of
EDUCATION

Office of School Transportation
825 Riverside Parkway, Suite 110
West Sacramento, CA 95605
916-375-7100 • FAX 916-375-7110

1. Attendee Information

Name: _____ Date: _____
Title: _____ Phone: _____
Employer: _____ FAX: _____
Address: _____ E-mail: _____
City, State & Zip Code: _____

**Training Series Course Selection: 9:00 a.m. – 4:00 p.m.
\$100.00 per class for up to five attendees (See back for additional attendee information)**

OST-WEST SACRAMENTO

- Generalized Defensive Driving (Unit V & VI) #063
February 21, 2012
- Loading and Unloading (Unit VII) #064
February 22, 2012
- Passenger Management (Unit IX) #065
February 23, 2012
- Dual Air System (Unit IV) #066
July 9, 2012
- Vehicle Components/Auto.Trans. (Unit IV) #067
July 10, 2012

SAN DIEGO COUNTY

- Dual Air System (Unit IV) #069
October 15, 2012
- Vehicle Components/Auto.Trans. (Unit IV) #070
October 16, 2012
- Generalized Defensive Driving (Unit V & VI) #071
October 17, 2012
- Loading and Unloading (Unit VII) #072
October 18, 2012
- Passenger Management (Unit IX) #073
October 19, 2012

**Only Valid State Certified Instructors and Delegated Behind-the-Wheel Trainers
may register for the above courses. Please bring your Classroom Manual and/or BTW Guide.**

Two-Day Special Needs Conference: 8:00 a.m. – 5:00 p.m. – \$150.00 per class/per person

- Special Needs Conference #068
July 17-18, 2012 (OST-West Sacramento)

Payment

All courses (except Special Needs Conference) are \$100 per class for up to five attendees. The Two-Day Special Needs Conference is \$150 per class/per person. All courses are intended for California transportation professionals. Travel, lodging, and meals are not included. Please make check or money order payable to: California Department of Education. No cash, credit card, or purchase order payments accepted. Course fees are non-refundable, but credit may be applied toward future programs offered by the Office of School Transportation.

Signature of Attendee: _____

Date: _____

Additional Attendee Information

2. Attendee Information

Name: _____ Date: _____
Title: _____ Phone: _____
Employer: _____ FAX: _____
Address: _____ E-mail: _____
City, State & Zip Code: _____
Signature of Attendee: _____ Date: _____

3. Attendee Information

Name: _____ Date: _____
Title: _____ Phone: _____
Employer: _____ FAX: _____
Address: _____ E-mail: _____
City, State & Zip Code: _____
Signature of Attendee: _____ Date: _____

4. Attendee Information

Name: _____ Date: _____
Title: _____ Phone: _____
Employer: _____ FAX: _____
Address: _____ E-mail: _____
City, State & Zip Code: _____
Signature of Attendee: _____ Date: _____

5. Attendee Information

Name: _____ Date: _____
Title: _____ Phone: _____
Employer: _____ FAX: _____
Address: _____ E-mail: _____
City, State & Zip Code: _____
Signature of Attendee: _____ Date: _____