



BISHOP TRIBAL EMPLOYMENT RIGHTS COMMISSION

50 TU SU LANE ■ BISHOP, CA 93514 ■ PHONE 760-873-7893 ■ FAX 760-873-3982

Training Registration Form

Name: _____ **Date:** _____

Mailing Address: _____ **City/State/Zip:** _____

Phone: _____ **Message Phone:** _____

Email: _____

Are you currently enrolled in the Bishop TERO Job Skills Bank? _____

Are you a member of the Bishop Paiute Tribe? _____

Name of Training: _____

Dates scheduled: _____

Fee Amount: _____

Paid by: Check Cash Scholarship Other Program: _____

(Please make checks payable to Bishop Paiute Tribe – TERO)

All registered training participants must provide the Bishop TERO Office at least 1 week advance notice of any attendance cancellation. Failure to Provide notice would subject the participant priority in any future TERO Sponsored trainings.

Signature

Date

Received by: _____

Date: _____