

AVID Payment Coversheet

1. **Collect** the information you will need for online registration using this worksheet.
2. **Attendees must register online** at my.avid.org. If you have any questions, email us at avidcare@avid.org.
3. **Send payment(s)** with completed worksheet to AVID Center.

District and Site Information

DISTRICT	SCHOOL	SCHOOL PHONE
SCHOOL ADDRESS	CITY	STATE ZIP

Registrar: Please provide contact information for the person entering registrations online.

FIRST AND LAST NAME	PHONE	EMAIL
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Attendees: List only those attending the same training. Use a separate form for each training.

1	Last Name	First Name	Email <small>The registration system requires a unique email address for each attendee.</small>	Job Title/ AVID Role	Strand/CoP/Session <small>Check strand/CoP/session availability for the training at my.avid.org.</small>
1					
2					
3					
4					
5					

Event/Training Name _____

Dates of Training _____

Payment Method(s) for Listed Attendees

- Purchase Order # _____ . Fax purchase order* and completed worksheet(s) to AVID Center at (800) 524-9917 or email to avidregistration@avid.org.
**Copy of purchase order MUST accompany this worksheet for payment to be applied.*
- Check # _____ . Mail check and completed worksheet(s) to: Dept 270 PO Box 509015, San Diego, CA 92150-9015.
- Credit Card. Select *Pay Now with Credit Card* online or call AVID Care at 1-833-284-3227.
- Other. Please specify _____

Cancellation Policy:

- **Registration** — **All requests must be submitted in writing by completing the online [Contact Form](#).** Please refer to the [Rest Assured Policy](#).
- **Cancellation by AVID Center** — AVID Center reserves the right to cancel an Event or Summer Institute strand/Community of Practice/Session due to low enrollment. Registrants will be notified via email and other available options will be given at that time. AVID Center is not responsible for any losses incurred as a result of non-refundable travel, lodging, or other costs.

Contact for Payment: Whom may we contact with questions about payment?

FIRST AND LAST NAME	PHONE	EMAIL
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	Last Name	First Name	Email <small>The registration system requires a unique email address for each attendee.</small>	Job Title/ AVID Role	Strand/CoP/Session <small>Check strand/CoP/session availability for the training at my.avid.org.</small>
6					
7					
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12					
13					
14					
15					
16					
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24					
25					

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