

## Accelerated Christian Education, Inc. Supervisors' Training

School Name \_\_\_\_\_ Customer # \_\_\_\_\_ Contact Person \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ **Training Dates**     Caguas June 1<sup>st</sup>-5<sup>th</sup>                       Manatí June 8<sup>th</sup>-12<sup>th</sup>  
 Barranquitas July 6<sup>th</sup>-10<sup>th</sup>                       Cabo Rojo July 20<sup>th</sup>-24<sup>th</sup>

**Staff Attending:**

<u>Name (as printed on certificate)</u>	<u>First Language</u>	<u>Personal E-mail (required)</u>	<u>Training Fee</u>
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____
_____	<input type="checkbox"/> Spanish <input type="checkbox"/> English	_____	_____

**Total Fees:** \_\_\_\_\_

**Fee:** \$70.00 (includes all training materials)

***IMPORTANT:*** Your place in training is *not* assured until payment is received.

*All cancellations must be done a week in advance.*

*Any cancelations after this time will require a \$25 cancelation fee.*

Please send completed form to [puertorico@aceministries.com](mailto:puertorico@aceministries.com)

**Method of Payment:**

Please contact Arleen Rivera at the following:

[arleen.rivera@aceministries.com](mailto:arleen.rivera@aceministries.com)

787-463-9900