



Bureau for Private Postsecondary Education
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COMPLIANCE WORKSHOP REGISTRATION FORM

Please type to ensure accuracy

Name:	
Email Address:	
Workshop Date/location:	
Phone Number:	
Name of Institution:	
School Code:	
Specify Type of Institution and Programs Offered:	Degree____ Vocational____ Accredited: YES or NO Program(s)_____
Method of Instruction:	Traditional Classroom____ On-Line____
Has your Institution been inspected?	Yes____ No____
The top three topics you want to learn more about:	1. 2. 3.

I understand the Bureau will contact me to schedule a date for the compliance workshop. Workshops will be held in Northern and Southern California monthly. Space is limited and will be filled based on the date we receive the registration. Please limit attendance to a maximum of two representatives per school.

Send the Registration Form to:

BPPE
Compliance Unit
PO Box 980818
West Sacramento, CA 95798
Or
Email: BPPE.Compliance@dca.ca.gov
Attention: Compliance Workshop