



COMPLIANCE AND SCHOOL PERFORMANCE FACT SHEET
WORKSHOP REGISTRATION FORM

Workshop
Date / Location:
Name of Institution:
School Code:

Registrant: Phone:

Email Address:

Pick one: Compliance (A.M.) SPFS (P.M.) Both Workshops

Registrant: Phone:

Email Address:

Pick one: Compliance (A.M.) SPFS (P.M.) Both Workshops

Registrant: Phone:

Email Address:

Pick one: Compliance (A.M.) SPFS (P.M.) Both Workshops

Questions You Need Answered:

I understand the Bureau will confirm my scheduled date for the workshop. Workshops will be held in Northern and Southern California. Space is limited and will be filled based on the date we receive the registration.

Send Registration Form to: BPPE: Compliance - Workshop
P.O. Box 980818
West Sacramento, CA 95798

OR: Email: BPPE.Compliance@dca.ca.gov