

# Participant Registration Form

South Carolina Mentor Training  
Coordinated By CERRA and the South Carolina  
Department of Education

(Please Print)

Full Name/Title: \_\_\_\_\_

\*Certificate Number: \_\_\_\_\_

Position: \_\_\_\_\_

School (or University): \_\_\_\_\_

School District: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

Work City/State/Zip Code: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

(Please print carefully)

Dates of Training: \_\_\_\_\_

\*Please attach a copy of your teaching certificate.