

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: _____