Attachment B, Supt’s Memo No. 089-18

April 13, 2018

Virginia Department of Education

Office of Career, Technical, and Adult Education

# Manufacturing Technician Level 1 Certification Course

Registration Form

1st Choice Session Date:

2nd Choice Session Date:

## Participant’s Name:

* First Name:
* Last Name:
* Title:
* School Division:
* School:
* Mailing Address:
* City:
* State:
* Zip:
* Phone Number:
* Email:

## Professional Background (please check all that apply):

* Technology Education Teacher
* Trade and Industrial Teacher,  program
* Industry Experience (Specify Industry)

## Cancellation:

Should a conflict arise after receiving confirmation of your session, contact the Office of Career, Technical, and Adult Education. Cancellation must be made at least 10 days prior to the MT1 Certification Course session start date.

Signature:

Date:

## Submit Registration to:

Virginia Department of Education, Office of Career, Technical, and Adult Education, at [cte@doe.virginia.gov](mailto:cte@doe.virginia.gov) or fax to (804) 530-4560.