

D.R.I.V.E Training

I hope all of you are well. I wanted to give you my 2020 D.R.I.V.E. scheduled dates.

January 23, 2020 Location; 1612 West Tuscarawas St Canton Ohio 44708 8am-4pm Class

space is limited at this location.

March 5, 2020 Location; 1612 West Tuscarawas St Canton Ohio 44708 8am-4pm Class

space is limited at this location.

April 23, 2020 Location; 1612 West Tuscarawas St Canton Ohio 44708 8am-4pm Class

space is limited at this location.

June 6, 2020 Location; 1612 West Tuscarawas St Canton Ohio 44708 8am-4pm Class

space is limited at this location.

September 10, 2020 Location; 1612 West Tuscarawas St Canton Ohio 44708 8am-4pm Class

space is limited at this location.

October 25, 2020 Location; 1612 West Tuscarawas St Canton Ohio 44708 8am-4pm Class

space is limited at this location.

December 6, 2020 Location; 1612 West Tuscarawas St Canton Ohio 44708 8am-4pm Class

space is limited at this location.

All classes are held with a minimum of 10 enrollees. There have been some changes with the D.R.I.V.E. curriculum. There is a part one and part two. Both parts are taught

The cost for the classes \$70.00pp including materials, certification, snack and lunch.

LATE REGISTRATION: \$90.00 (less than one week before the training) A REFUND will be made ONLY for cancellations received 5 working days prior to the event. If less than 5 days, a credit can be issued for use at another program within the same year. If notice of cancellation is not received before the date of the program, no credit can be issued. Any checks returned will be subject to a \$25 returned check fee.

Checks are to be made payable to Joseph Stephens. When submitting enrollees please include; the company, your name, position, where to send the invoice. Closed toed shoes are required, all attendees must be on time. Any questions please call or email or call.

Joseph Stephens

D.R.I.V.E. Instructor



D.R.I.V.E Training

Jsteph2557@sbcglobal.net

330.412.2258

Registration Form

Name: _____ Date: _____

Employer: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Registration Fee: \$70.00 (LATE REGISTRATION: \$90.00) (included snacks and lunch)

January 23 _____ # from your organization _____

March 5 _____ # from your organization _____

April 23 _____ # from your organization _____

June 6 _____ # from your organization _____

September 10_ _____ # from your organization

October 25 _____ # from your organization _____

December 6 _____ # from your organization _____

**Make checks payable to Joe Stephens. Please mail with registration form to: 1612 West Tuscarawas St
Canton Ohio 44708**