SELMA CITY SCHOOLS
One Vision. One Voice. One Selma.

ADVANCED PAYMENT AGREEMENT

Selma City School Board of Education

EMPLOYEE AND EVENT INFORMATION

Employee Name

Workshop/Conference Name

AGREEMENT TERMS

I agree to attend the workshop/conference identified above, for which my registration has been paid by the Selma City Board of Education. I understand that if I fail to attend the workshop/conference for any reason, the registration cost and the additional cost identified below that is incurred by the Selma City Board of Education as a result of my cancellation will be charged to me. I fully understand this agreement and concur with its terms.

Additional Cost Type or Description

☐ I acknowledge that I have read, understand, and accept the agreement terms above.

EMPLOYEE CERTIFICATION

Employee Signature (type full legal name)

Date

Typing your full legal name above serves as your electronic acknowledgment of this agreement.