



## **Business Name Here**

# GED Boot Camp

**Step One:** Orientation

Date: Month, Day, Year 0:00 a.m. - 0:00 p.m. Students must attend. Please contact XXX-XXX-XXXX by Date to register.

**Step Two:** If you qualify, attend the GED Boot Camp.

# **GED Boot Camp**

#### **Dates** | Time

Date Range Here

#### Week 1:

• Day, Date # 0:00a.m.-0:00p.m. 0:00a.m.-0:00p.m. Week 2:

#### week 2

Day, Date # 0:00a.m.-0:00p.m.
 Day, Date # 0:00a.m.-0:00p.m.

Week 3:

Day, Date # 0:00a.m.-0:00p.m.Day, Date # 0:00a.m.-0:00p.m.

Insert Photo Here

### Location

Business Name 12345 Main Street City, State, Zip

# **Register Today!**

Call XXX-XXX-XXXX to register. Registration deadline: Date: Month, Day, Year

#### **More Information**

Business Name Here First & Last Name Phone Number Email Address

This workforce solution was partially financed through a \$12,695,959 grant from the Department of Labor's Employment and Training Administration.

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