***Adult Education Program or Event Name***

**Move Ahead**

**with Adult Ed  
Texas Adult Education & Literacy**

*Brief description of program/event.*

******

**Date / Time**

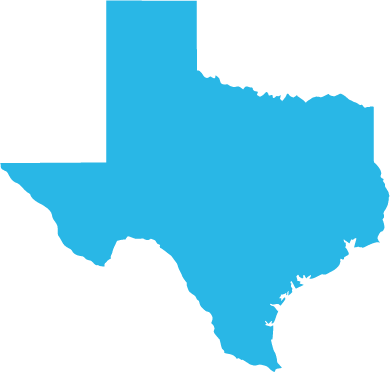
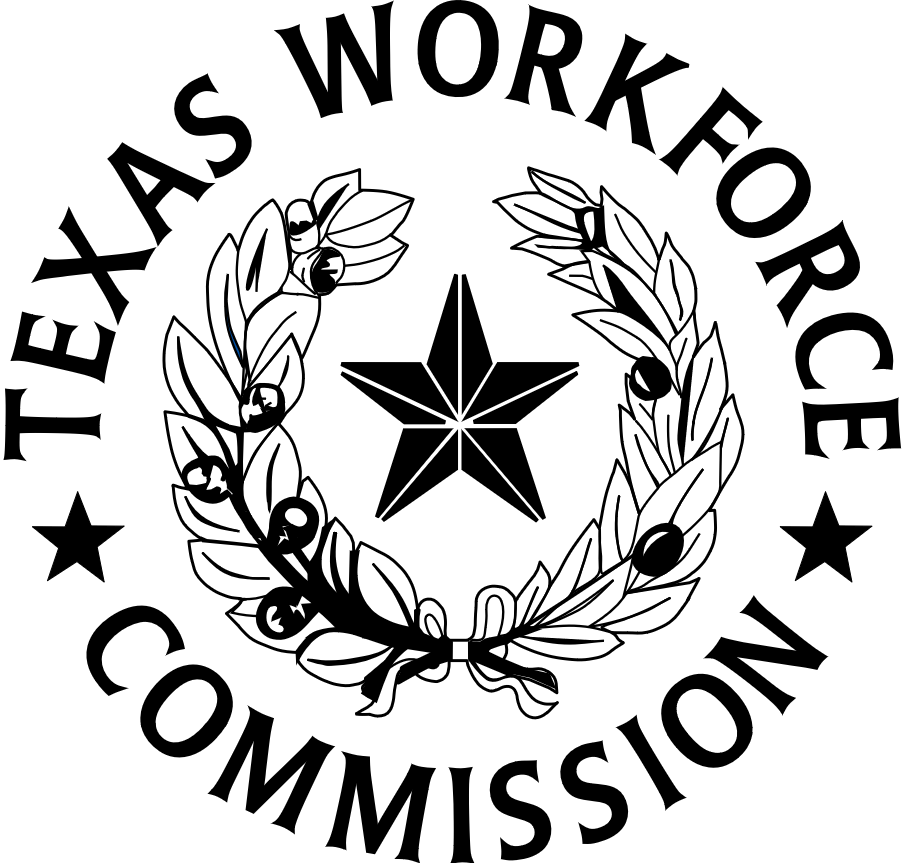
*Month, XX, 20XX  
00:00 XM – 00:00 XM*



**Location**

*City, Texas*

*Zip Code*

**



*Insert provider*

*logo*



Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. TWC accepts calls made through any relay service provider. TexasWorkforce.org

This project is wholly funded with Federal workforce development funds.

**More Information**

*Phone Number*

*www.website.com*