Pennsylvania College of Technology
A Penn State Affiliate
Workforce Development

AUTHORIZATION TO BILL

This form must be completed and returned to secure a seat in the class

Organization Name _____

Billing Address _____

_____

This form is official notification that the individual(s) listed below are authorized to register for the EMT program at Pennsylvania College of Technology, on behalf of our organization, and payment will be forwarded upon receipt of invoice. Please return this form prior to the registration deadline.

Student Name (Please Print)	Registration Payment $900 - Tuition only *(Does not include books)*	Comments

*Course tuition will be forfeited by any and all students in the event student drops within 7 days of class start and that low attendance – 12 or more hours missed – warrants withdrawal from the course.

_____ _____

Signature (Chief Administrative, Financial or Operational Officer) *Date*

_____ _____

Printed Name *Title*

_____

Email to submit Invoice

Contact us with any questions:

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Williamsport, PA 17701