



Penn College operates on a nondiscriminatory basis

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 \$1150	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

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