

REGISTRATION

with Permission to Bill



Mail To: LPCCN
56 Harvester Avenue
Third Floor, Suite I
Batavia, NY 14020

Phone: 585/345.6110

Fax: 585/345.7452

E-mail: KBates@LakePlains.org

This letter serves AUTHORIZATION to bill the above Sponsor for the following individual(s) to attend the course listed below.

Date _____
Bill To _____
Sponsor _____
Address _____

City _____
State _____ Zip _____

Phone () _____
Fax () _____

E-mail _____

Sponsor PO# _____ (IF APPLICABLE)

Request authorized by: _____

Title _____

Signature _____ (REQUIRED SIGNATURE)

Date _____

Name		Certification Level		Certification Number	
Home Mailing Address (required)		Home Phone w/ Area Code ()		Alt Phone ()	
City		State	Zip Code	<input type="checkbox"/> In-Region <input type="checkbox"/> Out-of-Region	
Student E-Mail	Date	Course Title		Cost	Need Book? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name		Certification Level		Certification Number	
Home Mailing Address (required)		Home Phone w/ Area Code ()		Alt Phone ()	
City		State	Zip Code	<input type="checkbox"/> In-Region <input type="checkbox"/> Out-of-Region	
Student E-Mail	Date	Course Title		Cost	Need Book? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name		Certification Level		Certification Number	
Home Mailing Address (required)		Home Phone w/ Area Code ()		Alt Phone ()	
City		State	Zip Code	<input type="checkbox"/> In-Region <input type="checkbox"/> Out-of-Region	
Student E-Mail	Date	Course Title		Cost	Need Book? <input type="checkbox"/> Yes <input type="checkbox"/> No

(This form may be reproduced but signature must be original)