

ON-LINE 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 _____

Instructions: Please have each student go to our website @ www.LakePlains.org to register for the course. When asked about payment type they are to select 'CREDIT' and make note in the comment section that their service will be paying for the course. All materials will be sent to the sponsor on this form once received. If there is a change please contact LPCCN ASAP.

Note: The service will be responsible for payment for each student REGISTERED regardless of attendance or completion. Services will be given one subsequent course to fill the seat; afterwards the service forfeits the payment. (see registration information sheet).

Course Title	Course Start Date	Program Number	
Name	Certification Level	Certification Number	Need a book?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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