

HACC, Central Pennsylvania's Community College
 Workforce Development
 Registration with Permission to Bill

This document serves as authorization to charge the Vendor for the individual(s) to attend the course listed below.

To: HACC EMS EDUCATION One HACC Dr, North Hall, 101 HARRISBURG PA 17110 PHONE #717-780-2458 FAX TO: 717-780-2643 OR E-MAIL: EMSTRNG@HACC.EDU (if applicable) (required signature)	BILL TO: VENDOR: _____ ADDRESS: _____ _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____ FAX: _____ E-MAIL: _____ VENDOR P.O.# _____	H# _____ AUTHORIZED BY: _____ DATE: _____
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Course Title	Section #	Start Date	End Date	Cost	Optional Fee	Cost
					<input type="checkbox"/> Yes	

Student Name:	Student ID (If known)	Birth Date	<input type="checkbox"/> Requires accessibility accommodations
Home Mailing Address (required)	Phone	E-Mail Address	
City	State	Zip	

Student Name:	Student ID (If known)	Birth Date	<input type="checkbox"/> Requires accessibility accommodations
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City	State	Zip	

Payment is due upon receipt of the invoice. For questions, please call 717-780-2458.

Refund Policy
 Students who request refunds three (3) business days prior to start date of class will receive a 100% refund. There will be no refund of tuition or fees if the request is less than three (3) business days before the start of class. If you fail to cancel your registration three (3) business days prior to the start of class or fail to attend the class, your sponsor will be invoiced accordingly.

Institutional Use Only:
 Approval: _____
 Dept AOS: _____
 Welcome Center: _____
 WFD Invoicing: _____