

Business & Industry Services Student Registration Form



Return completed/signed form and payment to: Western Technical College, Business & Industry Services
Phone: 608-785-9232 400 North Seventh Street, PO Box C-0908
Fax: 608-789-6290 La Crosse, WI 54602

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Date of Birth ____/____/____ Social Security Number ____-____-____
Optional-Full or Last 4 digits

Gender Male Female Former Last Name _____

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

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Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____

Self-Pay Options

Individual payment method: Check # _____ Visa Mastercard **Total Charge:** _____

Cardholder Name: _____

Credit Card Number: _____ Expiration Date: _____ CVV Code _____

Billing Address (if different than above):
Street Address _____

City _____ State _____ Zip Code _____

Employer Paid (Please note: if your employer is paying for your tuition, the back side of this form must be completed and signed by your employer.)

REQUEST FOR RELEASE OF ACADEMIC RECORDS INFORMATION
I authorize the company of _____ to obtain records, including performance, grades and attendance, for the classes under this contract. Understand that this consent can be revoked in writing at any time prior to the release of this information. I further understand that I have a right to inspect and receive a copy of the material that is to be disclosed.
Signature of Student _____ Date _____

Cancellation policy:

Cancellations received ten full business days before the seminar date will receive a full refund. Individuals/companies canceling with less than a five-day notice will be responsible for the full fee. In the event of a "no show", payment for services is still required. No credit will be issued for seminars dropped on or after the seminar date. To withdraw your registration before the seminar date, please call 608.785.9232.

Company Representative Signature Date

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Authorization for Payment – Non Degree Classes Only (to be completed by employer or payer only)

I hereby authorize _____
First Name Last Name Title

to take the following class(es):

Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____
Course _____	Date _____	Location _____	Fee _____

Authorized Expenses:

Tuition – Not to Exceed \$ _____ Required Books – Not to Exceed \$ _____

Employer payment method: Check # _____ Visa Mastercard Please Invoice

Cardholder Name: _____

Credit Card Number: _____ Expiration Date: _____ CVV Code _____

Billing Address:

Street Address _____

City _____ State _____ Zip Code _____

Billing Information:

Agency/Company Name _____

Authorized Representative _____

Street Address/PO Box _____

Authorized Signature _____

City _____ State _____ ZIP _____

Telephone Number _____