

Please enroll the following students in the Workforce Development Center (WDC) non-credit courses as indicated below.

#	Employee Name	Social Security #	Course Requested	Date of Class
1				
2				
3				
4				
5				
6				
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11				
12				
13				
14				
15				

I hereby authorize the Workforce Development Center (WDC) of Southeast Arkansas College to invoice my organization for the cost of such course(s) for the above employees. I fully understand that my organization will be invoiced for each of the above listed employees and that payment of such invoice is subject to the Non-Credit Registration Policy, Refund/Cancellation Policy, and all applicable rules and regulations of the college.

Refund/Cancellation Policy
 Refunds are not provided unless requested 24 hours or more in advance of the class start time. Anyone desiring to cancel their planned attendance, must contact the WDC 24 hours or more in advance of the class start time. Companies will be invoiced in full for any employees not attending the class unless prior arrangements are made with the WDC.

 Signature of Official Requesting Training (Contact Person)

 Typed/Printed Name of Above Official

 Title of Official Requesting Training

 Signature of Official Approving Request (if needed)

 Date Requested

 Date Approved

Billing/Invoicing Instructions: please provide instructions to the WDC for correct billing/invoicing.

Company: _____ Phone: _____

Attention: _____ Fax: _____

Address: _____ Email: _____

State/City/Zip: _____ Purchase/Requisition No. _____

Special Instructions/Information: _____

Complete Registration Forms for all trainees must be submitted to the WDC along with this form.