Authorization to Bill

***Please send along with your member(s) to the class registration**

Organization Name: _____

Billing Address:_____

_____

This letter is official notification that the individual(s) listed below are authorized to register for EMS training courses, through Seven Mountains EMS Council, on behalf of our organization and we will forward payment upon receipt of an invoice.

Students who drop from the program MUST notify the Council office (814-355-1474) or mwolfgang@smemsc.org of their intention to drop prior to the third class session.

Student's Name (Please Print)	Course Only $40.00*	Text $65.00*	CPR Manual $10.00*	Please right in the total amount to be billed.

* Please indicate what amount your service is authorizing the student(s) to bill. A check mark, in the appropriate box, is sufficient. Comments may be added if you desire.

_____ _____

Signature (Chief Administrative, Financial or Operational Officer) Date

_____ _____

Printed Name Title