

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				
7				
8				
9				
10				
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.**