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)		THE STATE OF THE S				CODE: 17201	
Course Title	Section #	Start D	ate E	End Date	Cost		
Student Name: Stud		dent ID (If known)		Birth D	ate	Requires accessibility accommodations	
Home Mailing Address (required)		Phone		E-Mail	E-Mail Address		
City		State Zip					
Student Name: St		Student ID (If known)		Birth D	Birth Date Requires accessibility accommodations		
Home Mailing Address (required)		Phone		E-Mail	E-Mail Address		
City	State	2	Zip				
Student Name: Stu		udent ID (If known)		Birth D	ate	Requires accessibility accommodations	
Home Mailing Address (required) Pho		one		E-Mail	E-Mail Address		
City	State	2	Zip			101000000000000000000000000000000000000	
Payment is due upon receipt of the invoice. F WFD Refund Policy If HACC cancels a course, training, s receive a 100% refund of all tuition a so by visiting or calling any of the ca no less than one (1) calendar day pr refund of tuition and fees, except for Unless otherwise specifically stated	seminar, confe and fees. Any mpus Welcom ior to the first any tuition or	erence or tri student wh ne Centers. class meeti fees noted	p/tour, al o wishes These r ng date t as nonre	to drop a dequests musto be eligible fundable.	course may ust be made e for a full		

date. We do not issue partial refunds in the event a student starts a class late or does not complete the class. Students receiving Title IV Financial Aid will be subject to the federal regulations regarding withdrawal of classes. Financial Aid eligibility will be recalculated based

on dates of participation in financial aid eligible programs.