



Authorization for Payment

I Hereby Authorize the following (**please PRINT CLEARLY**):

Name	Student ID # or DOB	Name	Student ID # or DOB
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

to take the following class, **please check**:

- | | |
|---|---|
| <input type="checkbox"/> EMT (10-531-109) | <input type="checkbox"/> EMT- Refresher (47-531-401) |
| <input type="checkbox"/> Adv. EMT (30-531-303) | <input type="checkbox"/> Adv. EMT Refresher (47-531-478) |
| <input type="checkbox"/> EMR to EMT Part 1 (10-531-105) | <input type="checkbox"/> First Responder Refresher (47-531-483) |
| <input type="checkbox"/> Paramedic Refresher (42-531-490) | <input type="checkbox"/> Ambulance Driving (47-531-403) |
| <input type="checkbox"/> CPR | <input type="checkbox"/> EMT Part 2 (10-531-106) |
| <input type="checkbox"/> Other (Please Specify) _____ | <input type="checkbox"/> RN to EMT Transition (10-531-193) |

Authorized Expenses: Term (please check): Spring Summer Fall

- | | |
|---|--|
| <input type="checkbox"/> Tuition – Not to Exceed \$ _____ | SHIPPING OPTIONS (pick one) |
| <input type="checkbox"/> Required Books – Not to Exceed \$ _____ | <input type="checkbox"/> Hold for pick up (La Crosse campus) |
| <input type="checkbox"/> Other (Please Circle) – Not to Exceed \$ _____ | <input type="checkbox"/> Ship to Regional learning Center (specify) _____ |
| Application Fee | Accuplacer Test |
| | Supplies (paper, pencils, etc.) |

Billing Information: Is this a new address? Y N

Agency/Company Name _____ Print Authorized Name _____

P.O./Street Address _____ ****Authorized Signature**** _____

City _____ State _____ Zip _____ Telephone Number _____

Tax Exempt (Yes or No) and Tax Exempt Number _____ Email address _____

Please submit this form at the time of registration. This authorization confirms your financial responsibility. Cancellation of this authorization must be submitted in writing to the Cashier's Office prior to the first class meeting to release your financial obligation.

Return Completed/Signed Form Along With Group Registration Form to:
Western Technical College, Attn: EMS Dept., K-211, Email: bergp@westerntc.edu, Fax: (608) 785-9087
Please call 608-785-9295 with questions

The agency (or student) is responsible for dropping their students and will be liable for any charges that may be applicable. **Refunds:** Refunds are based on the beginning date and scheduled length of classes and the date the class is officially dropped. Refunds are not based on whether or not the student attends the class. For all classes the refund policy is: 100% if the district cancels the class; 100% of refundable fees if the student officially drops the class before the first class meeting and has turned in the correct paperwork to Enrollment Services before the first class meeting; 80% of refundable fees if less than 11% of total class meetings have met; 60% of refundable fees if between 11-20% of total class meetings have met. No refund after more than 20% of total class meetings have met.