REGISTRATION FORM

Name of Person Requesting Training

Company/Organization

Position/Title

P.O. Box/Street Address

City, State, Zip

Work Phone Cell Phone

Email Address

Course Title: Date/Time

Please print the participant name, and email address if available that you want to register below

An email address is required so we can confirm registration, send campus parking passes & notify participant of any class date/time changes

Participant Name (please print)	**Email**	**Cost**
	TOTAL:	

Company Billing Agreement

I hereby authorize the above named registrants to participate in the listed courses and authorize BRTC/GCITC to invoice my organization for the cost of listed courses and related materials. I fully understand that the invoice for these courses must be paid in full within 30 days of receipt. I further understand that BRTC/GCITC will not accept delayed payment based on completion of course or passing grade and that debt is not contingent upon named employee's continued employment. Cancellation policy: registrant must contact BRTC/GCITC to cancel at least 1 week before program starts in order for company to be released from agreement. I further understand that participants will receive CEU certificate only after completing the full course. BRTC/GCITC reserves the right to cancel or postpone a course due to low enrollment.

Signature of Official Requesting Training Date

Fax registration to 870-239-4344
(or scan & email to crystalc@blackrivertech.edu)
or

Mail to
GCITC/BRTC
P.O. Box 1565
Paragould, AR 72451

Questions?

Contact Persons for Consortium Schedule:

Audra Howerton, BRTC — Workforce Programs Developer
870-239-0969 ext 113 or audrah@blackrivertech.edu

Dana Bradford, BRTC — Workforce Operations Coordinator
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