

EMS Authorization to Bill

This form authorizes Northeast Wisconsin Technical College to submit for payment and invoice for all specified fees related to the training and education of the student(s) listed below:

Name of Organization:			Department's NWTC Organization ID:			
Contact Name:						
Address:						
Phone:			Email address:			
PO # (if applicable):						
School Year: 2020 Semester:		Summer	Fall	Spring		
Invoice for:						
Tuition (Ir	Fees)	Worldpoint CPR Mask				
Required 7	plies					
ALL students listed below are authorized to take ALL listed courses.						
Cat	Catalog # Class Ti				Class #	
Check box tha				wing students enroll separately		
Name of Stude	nt (First, MI	, Last)	REQUIRED: I	OOB or SS #	Email addres	s of attendee
*Attendees will be emailed a confirmation confirming their attendance in addition to the organization contact if this form is received prior to the course start date.**IMPORTANT NOTE: NWTC reserves the right to substitute the same course, but a different class (time, date, etc.) at the request of the student without obtaining a new authorization.						
	ignature:					

Please complete this ATB and e-mail or fax to:
Northeast Wisconsin Technical College
Attn: Michele J Petska
2740 W Mason Street
PO Box 19042
Green Bay, WI 54307-9042

Green Bay, W1 54307-9042 Phone: 920-498-6976 Fax: 920-498-5673

E-Mail: Michele.petska@nwtc.edu