Authorization to Bill – Leadercast 2024

Thank you for your interest in **Leadercast 2024** event. Payment is required at the time of registration; this form will allow us to invoice your company/organization; however, we need billing information and your authorization to do so <u>PRIOR</u> to registration. If you have a question, contact Corporate Training at **(540)** 868-7021 or <u>corporatetraining@Laurelridge.edu</u>



DIRECTIONS

Please complete the following form providing all requested information. Once you have completed this form, it requires an authorized signature from your company/organization. **Use this form for all students in one class**.

Once this form is received, we will invoice you when the class(es) begin. Terms are Net 30 from the Invoice/Statement Date and payable to Laurel Ridge Workforce Solutions. Most Invoice/Statements are typically itemized by student, class name, class dates, and amount.

FOUR OPTIONS FOR SUBMITTING AUTHORIZATION TO Workforce Solutions Continuing Education (WSCE)

- 1. SCAN the completed and signed form, save as a PDF, and EMAIL. Email the form to our office at TThornhill@laureIridge.edu.
- 2. MAIL the completed and signed form to WSCE at Laurel Ridge Workforce Solutions, ATTN: Corporate Training/Registration, 173 Skirmisher Lane, Middletown, VA.
- 3. BRING the completed and signed form to either the WSCE office in Middletown (Corron Center) or Fauquier (Wok Hall).

Company / Organization Information Invoice/State	ement to be mailed to this address
, ,,	
COMPANY/ORGANIZATION FEDERAL IDENTIFICATION NUMBER	
Company/Organization Authorization:	
DUONE	
EMAIL	
LIVIAIL	
Signature: Authorization to Bill must be signed.	
AUTHORIZED SIGNATURE:	DATE:
Middletown Event: Thursday, May 23, 202	4 Fauquier Event: Friday, June 14, 2023
Individual Event Ticket: \$129/pp	Individual Event Ticket: \$129/pp
Event Table for 6: \$645 (includes a seat fre	e) Event Table for 6: \$645 (includes a seat free)
Total # of Participants:	Total Cost to be Billed: _ \$

Enter participants on next page...

Participants Information:

We authorize Laurel Ridge Community College to invoice our company/organization for the following students who are taking this class:

	Employee's Full/Legal Name	Date of Birth	Employee's Email Address	Employee's Direct Phone #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				