**Logo, company name

Description automatically generated Authorization to Bill – Leadercast 2025**

Thank you for your interest in **Leadercast 2025** 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 PRIOR to registration. If you have a question, contact Corporate Training at **(540) 868-7021** or [corporatetraining@Laurelridge.edu](mailto:corporatetraining@Laurelridge.edu)

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 [corporatetraining@laurelridge.edu](mailto:corporatetraining@laurelridge.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**).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TODAY’S DATE: | |  | | |  | |
| **Company / Organization Information** | | | | Invoice/Statement to be mailed to this address | | |
|  | COMPANY/ORGANIZATION NAME: | |  | | | |
|  | ATTN: Accounts Payable or: | |  | | | |
|  | PO BOX OR STREET ADDRESS | |  | | | |
|  | CITY, STATE, ZIP | |  | | | |
|  | PHONE NUMBER | |  | | | |
|  | FAX NUMBER | |  | | | |
|  | COMPANY/ORGANIZATION **FEDERAL IDENTIFICATION NUMBER** (EIN or FIN) | | | | |  |

|  |  |  |
| --- | --- | --- |
| **Company/Organization Authorization:** | | |
|  | NAME: |  |
|  | TITLE |  |
|  | PHONE: |  |
|  | EMAIL |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature:** Authorization to Bill must be signed. | | | | |
|  | AUTHORIZED SIGNATURE: |  | DATE: |  |

|  |
| --- |
| **Shentel Event: Friday, June 20, 2025**  **Hosted at the Shentel, Edinburg** |
| Individual Event Ticket: $149 per person |

|  |  |
| --- | --- |
| **Total # of Participants:** |  |

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 |  |  |  |  |