

ITS

Student Registration Form

ITS Use Only

Entered by: _____
Date: _____

Name Mr./Ms.:		ACE PID Number (or SSN if you do not have ACE PID):			
Agency & Division Name:		Office Phone:		Fax Number:	
Office Address: (Please provide Handmail address, if applicable)		Cell Phone:			
City:	State:	Zip:	Email Address:		

Course No./Name	Section 1 st Choice	Section 2 nd Choice	Dates/Times	Course Cost	Materials Needed *
					All None

* Circle All or None. See the current schedule for materials needed for each course.

Bill State Agency

PLEASE DO NOT PREPAY.
AGENCIES WILL BE BILLED
FOR COURSE COSTS.

Agency/Employer Code: _____

Provider Number: _____

Agency must provide a 3-digit agency code and an 11-digit provider number for billing purposes. This information may be obtained from the SAAS (Statewide Automated accounting System) or the Education Assistant at (601) 432-8186.

Bill Student

Bill Non-State Agency

All non-state employees and any registrant whose agency is not paying for the course(s) must pay **ON OR BEFORE** the class start date.

Billing will be sent to the address given in the Student Information section, unless otherwise specified.

Supervisor Name:			Office Phone:		
Supervisor Address: (Specify Handmail, if applicable)					
City:	State:	Zip:	Email Address:		

Please Read Carefully Before Signing:

All registration forms **MUST** be signed by the individual responsible for payment. If the student cancels a vendor-conducted course within thirty (30) days of the first class meeting or an ITS-conducted course within ten (10) days of the first class meeting, **the agency/student will be charged the full tuition.**

Authorized Signature: _____

Date: _____

Return form to: ITS Eastwood Education Center, 3771 Eastwood Dr., Jackson, Ms 39211 • Phone: (601) 432-8186 • Fax: (601) 713-6380
For more information on the Eastwood Education Center, visit the website: <http://www.its.ms.gov>