

# ITS Institute Student Registration Form

ITS Use Only  
Entered by: \_\_\_\_\_  
Date: \_\_\_\_\_

## Student Information

Name Mr./Ms.:		Social Security Number:	
Agency & Division Name:		Office Phone:	Fax Number:
Office Address: (Specify Handmail, if applicable)		Home Phone:	
City:	State:	Zip:	Email Address:

## Course Information

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

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

## Billing Information

<input type="checkbox"/> <b>Bill State Agency</b> 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 359-6196.	<input type="checkbox"/> <b>Bill Student</b> <input type="checkbox"/> <b>Bill Non-State Employer</b> All non-state employees and any registrant whose agency is not paying for the course will be billed and must pay tuition and materials BEFORE the class begins.  Billing will be sent to the address given in the Student Information section, unless otherwise specified.
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## Authorization

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

**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 30 days of the first class meeting or an ITS/Hinds conducted course within 10 days of the first class meeting, the agency/student will be charged the full tuition. I also understand this registration requires the purchase of books and materials for the course(s) listed above regardless of whether the student attends the class.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to: ITS Institute, Robert G. Clark, Jr. Building, Suite 508, Jackson, MS 39201-1495 • Phone (601) 359-6196 • Fax (601) 354-6016

For more information on the ITS Institute, visit the website: <http://www.its.state.ms.us/educ/index.html>