



# Continuing Studies (COST)

## SPONSOR BILLING AUTHORIZATION FORM

STUDENT INFORMATION			
Surname:			
Given Names:			
Student No.:		Birthdate:	

SPONSOR INFORMATION			
Sponsors will be billed the day of the course. Payment is due upon receipt of invoice.			
Organization Name:			
Sponsor Contact:			
Contact Title:			
Address:			
City/Province:		Postal Code:	
Phone:		Fax:	
Contact Email (Required):			

COURSE	COURSE DATE	REGISTRATION FEE
TOTAL		

### SPONSOR'S APPROVAL

NVIT considers the Sponsor Billing Authorization form to be a binding commitment. By signing this form the sponsor agrees to pay all charges for the student as indicated above.

Authorized Name: \_\_\_\_\_

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

RETURN THIS FORM BY EMAIL: [sponsorships@nvit.ca](mailto:sponsorships@nvit.ca)