



CreativeLives

Professional Development Employer Invoice Payment Request

Your Name _____

Phone _____

Email _____

Please identify the course you are enrolling in:

Foundations-1: Ellen Tadd's Framework for wise Education

Foundations-2: Applying A Framework for Wise Education

Course Term Year _____ Winter Spring Summer Fall

Please bill my employer for the following costs: (Check all that apply)

Fully cost of the 9-week training (regular or early-bird rate depending on enrollment date)

One graduate credit from Southern New Hampshire (additional \$120)

Another amount (Employer is paying part of my tuition): Amount: _____

Place of Employment: _____

Employer Address: _____

Employer Phone: _____

Invoice Point of Contact: _____

Their Email: _____

By checking this box, I certify that my employer has given me permission to request this invoice and is committed to covering the costs indicated above.

BY TYPING MY NAME BELOW, I UNDERSTAND & AGREE THAT THIS FORM OF ELECTRONIC SIGNATURE HAS THE SAME LEGAL FORCE & EFFECT AS A MANUAL SIGNATURE

Signature _____

Date _____