



Chamber Business Academy @ PVCC Registration Form



Name: _____ Date: _____

Last First M

Name of Company: _____ Phone: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Current Chamber Member? Yes No E-mail Address: _____

| Names of Additional Registrants | E-mail |
|---------------------------------|--------|
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| | |

Please indicate your class selection: _____ Class Number: _____

Pay by mail: Please return completed forms to:
PVCC Workforce Services
Chamber Business Academy
501 College Drive
Charlottesville, VA 22902

Pay by phone: 434.961.5354
Pay by fax: 434.961.5270
Pay on site: Companies may pay on site with check, credit card or money order. Companies will be invoiced for registrants unless cancellation notice is given 5 days prior to selected class.

Method of payment: Check Money Order Visa MasterCard **Billing Zip Code:** _____

Card No.: _____ - _____ - _____ - _____ **Exp. Date:** ____/____/____ MM/YYYY

Name on Card: _____ **Company:** _____

Signature: _____ **Total Amount Enclosed \$** _____

CANCELLATIONS: Workforce Services reserves the right to cancel any course. **REFUNDS:** Participants may withdraw from a class up to five (5) business days before that class is scheduled to begin and receive a full refund. No refunds will be provided after this time. Refund requests must be made in writing by mail, fax or e-mail (include your name, PVCC ID number, course title, and reason for refund). Refunds are processed by the State Treasury in Richmond and may take 3-6 weeks to process.

Notice: In compliance with the sex offender and crimes against minors' registry, a portion of this information will be submitted to the Virginia State Police.