

## **Business and Industrial Division**

925 Oak Street Scranton, PA 18515 Tel 1-800-233-0259 Fax (570) 343-3620

www.WorkforceDevelopment.com

**Enrolling in your Certificate program is easy.** Just fill in the personal data below, and check the payment plan and method you prefer. Then sign the Agreement; enclose it with your payment in the postage-paid envelope provided and mail today. As soon as we receive this Agreement and your payment, we'll rush details of the Home Inspector Lab to you.

If you need more information, call us toll free at: 1-800-233-0259. Course: Illinois Home Inspector Lab - \$300.00 Name Address ST\_\_\_\_ Zip\_ Home Phone # Work Phone # mm dd **Birth Date** A third-party is paying for my training (please attach appropriate authorization). Check one method of payment from the options shown below, unless this is a third-party billing: **Full Payment Plan:** L've enclosed a check or money order for the total program price. Lage the total price to the credit card below. Credit Card Information (fill out only if paying by credit card): My signature below indicates that I have read, understood, and accepted the terms of this Agreement, as well

Date

representative of the school accepts it.

as the enclosed information describing my program selection. I am not bound by this Agreement until a