

**SCHOOL HEALTH ACADEMY
PROFESSIONAL DEVELOPMENT CONTINUING EDUCATION PROGRAM**

QUOTE/INVOICE – REQUEST FOR PAYMENT

This invoice is issued by the Northeastern University School Health Academy www.neusha.org for use by an attendee who requests a Purchase Order for one of the professional development courses.

Make check payable to “**NORTHEASTERN UNIVERSITY School Health Academy**” and
send to the following address:

ATTN: Kathy Hassey/Jenny Gormley
Northeastern University
Robinson Hall 209E
360 Huntington Ave.
Boston, MA 02115

| DESCRIPTION OF REGISTRATION |
|---|
| NAME OF ATTENDEE(S): |
| SCHOOL DISTRICT: |
| PURCHASE ORDER NUMBER: |
| PROFESSIONAL DEVELOPMENT COURSE: |
| DATE OF PROFESSIONAL DEVELOPMENT COURSE: |
| Amount DUE to NORTHEASTERN UNIVERSITY: |

Payment Policy: Confirmed pre-registration is defined when payment occurs up to 10 business days prior to the scheduled event. Registration attempted 10 days or less can occur based on seating availability. Payment may be made by mail but must be received prior to the event or made by check on the day of the event. For those who register 10 days or less in advance, payment is expected regardless of actual attendance at the event.

Cancellation/Refund Policy: Only those confirmed pre-registered (defined when payment occurs up to 10 business days prior to the scheduled event) are permitted to officially cancel and become eligible for a refund. A written notice must be received by the School Health Academy 10 business days prior to the scheduled event to be eligible for a refund.

Bad Debt Policy: Individuals/Organizations who have checks returned due to insufficient funds shall be given 30 days from the scheduled event to remit payment in full unless other arrangements have been made with the Director of the School Health Academy. Participation in future events is contingent upon receipt of full payment from attendance at previous events.