



Additional Information

Immediate Supervisor

First and last name	<hr/>
Position	<hr/>
Phone	<hr/>
Email	<hr/>

Human Resource Contact

First and last name	<hr/>
Position	<hr/>
Phone	<hr/>
Email	<hr/>

Position Data

Work experience (years)	<hr/>
Management experience (years)	<hr/>

Memberships

If applicable, please email us the confirmation of membership at our partners (see partnerships on our [website](#)). Discounts are non-cumulative.



Billing

Invoices associated with the Rochester-Bern program can be billed to one address or can be split between the student and the company. If you are fully or partially supported by your company, please state the company's billing address below:

Financial support:

In order to facilitate the billing process, we kindly request the Purchase Order (PO) number and any other pertinent details associated with the transaction, if applicable:

PO Number _____

Comments _____

Other billing address:

Company _____

First and last name _____

Street _____

Additional info _____

Postal Code | City _____

Phone _____

Email _____