

Corporate Payer Application

Fill out this application if you wish to register class participants on behalf of a corporation or an agency. If approved, you will be able to use your account to register anyone at your agency to hold their spot in a class and you will be invoiced for the registration fee rather than having to pay immediately at time of service.

You will be notified when approved, and you must use the credentials listed on this application when you sign in to your registration account to be recognized as a Corporate Payer.

Return this application to INHS:

Email: wellness@inhs.org

Fax: 509-232-8344

Mail: INHS

501 N Riverpoint Blvd, Ste 245
Spokane WA 99202

Corporation/Agency Name _____

Address _____

City _____ State _____ Zip Code _____

Person(s) who will register participant's information:

Full Name Registrar 1. _____

Email _____

Phone _____ Alt. Phone _____

Optional

Full Name Registrar 2. _____

Email _____

Phone _____ Alt. Phone _____

Full Name Registrar 3. _____

Email _____

Phone _____ Alt. Phone _____