

TRAINING PAYMENT AGREEMENT

Division of International Technical Cooperation
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TRAINEE INFORMATION

SURNAME:		GIVEN NAME:	
JOB TITLE:			
EMPLOYER:			
MAILING ADDRESS (Street/PO, City, Country):			
TELEPHONE:	FAX:	E-MAIL:	

TRAINING AND COST INFORMATION

TRAINING PROGRAM:	DATES OF TRAINING:
TUITION AMOUNT Payable to the Bureau of Labor Statistics (BLS): \$ _____	
Payment, in U.S. dollars, is due before the trainee's arrival at BLS. Do not include money that should be paid directly to the trainee including allowances for housing, meals, local transportation, and medical insurance. Please contact ITCinfo@bls.gov for wire transfer information. BLS will only accept payment by check from a U.S. chartered bank.	
PAYMENT METHOD:	
<input type="checkbox"/> Wire Transfer <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
CREDIT CARD INFORMATION (if paying by credit card):	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card Number: _____ Expiration Date: _____	
Cardholder Name (print clearly): _____	
Cardholder Signature: _____	
Cardholder Billing Address: _____	

FINANCIAL SPONSOR INFORMATION

ORGANIZATION:		
MAILING ADDRESS (Street/PO, City, Country):		
TELEPHONE:	FAX:	E-MAIL:
PRINT OR TYPE NAME AND TITLE OF OFFICIAL RESPONSIBLE FOR PAYMENT OF TUITION:		
SIGNATURE OF OFFICIAL RESPONSIBLE FOR PAYMENT OF TUITION:		DATE: