

INVOICE

Career Development Seminar

Invoice #: _____

Date: _____

PROVIDER

[Organization Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

BILL TO

[Attendee/Company Name]

[Street Address]

[City, State, Zip]

[Contact Email]

Seminar Description	Date	Qty	Unit Price	Amount
Registration Fee: [Seminar Title]	[Event Date]			
Workshop Materials & Certification	-			
Group Discount / Corporate Rate	-			

Subtotal: \$0.00

Tax/VAT: \$0.00

Total Due: \$0.00

PAYMENT INSTRUCTIONS

Bank Name: [Name]
Account Number: [Number]
SWIFT/Reference: [Reference]

Thank you for investing in your professional growth.