

INVOICE

Provider Name
Street Address
City, State, Zip
Email / Phone

Bill To:
Attendee Name / Organization
Address Line 1
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Seminar Description & Date	CE Credits	Amount
Seminar Title: _____ Date(s): _____	_____ Hours	\$ 0.00
Registration Fee / Materials	-	\$ 0.00

Total Due: \$ 0.00

Payment Instructions: Please make checks payable to [Provider Name]

Thank you for choosing us for your professional development.