

[VENUE NAME]

[Street Address]
[City, State, Zip]
[Email/Phone]

DEPOSIT INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT / ORGANIZATION

[Contact Name]
[Company Name]
[Billing Address]
[Phone Number]

EVENT INFORMATION

Seminar Title: [Event Name]
Date: [Event Date]
Expected Guests: [Count]

DESCRIPTION	FULL AMOUNT	DEPOSIT %	AMOUNT DUE
Venue Rental Fee (Seminar Hall [Name])	\$0.00	0%	\$0.00
Corporate Catering & Equipment Package	\$0.00	0%	\$0.00

Total Package Price: \$0.00

TOTAL DEPOSIT DUE: \$0.00

PAYMENT INSTRUCTIONS

Please include Invoice # with your payment. We accept Bank Transfer, Corporate Check, or Credit Card. Deposits are [Refundable/Non-Refundable] as per the signed Booking Agreement.

Thank you for your business.