INVOICE

Convention Center Name
Street Address, City, State, Zip
Phone: (000) 000-0000

Invoice #: _____
Date: _____
Event Date: _____

BILL TO:

Contact Name
Company Name
Address
Email / Phone

EXHIBITOR DETAILS:

Event Name: _____
Booth Number: _____
Booth Size: _____

Description	Qty / Days	Unit Price	Total
Booth Space Rental			
Electrical / Utility Connection			
Wi-Fi / Internet Services			
Furniture & Equipment Rental			

Subtotal: $0.00
Tax: $0.00
Total Amount: $0.00

PAYMENT INSTRUCTIONS

Please make checks payable to: **[Convention Center Name]**

Payment is due within [Number] days of event commencement.

Terms and conditions apply as per the signed Exhibitor Agreement.