

CES National Friend Affiliation Invoice

Friend Information

Name: _____

Organization Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Province: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Invoice Amount

Total Cost: \$75.00 Date: _____

Payment Method

Please check which of the following apply:

Check _____ Purchase Order _____ Credit Card _____

If paying by credit card, please provide the following information:

Card Type (circle one): MC Visa

Card #: _____ Exp Date: _____

Name on Card: _____

Please send payment and completed invoice to:

CES National
Attn: Affiliation
1814 Franklin Street, Suite 700
Oakland, CA 94612
(Fax: 510-433-1455)