

SPONSOR INVOICE

The Triangle Caregivers Conference
250 Hospice Circle
Raleigh, NC 27607



Company Name:
Contact Name:
Address:
City, State, ZIP
Phone:
Email:

Session Sponsor: \$1,250

	DUE DATE* Due Upon Receipt	
DESCRIPTION		TOTAL
Please select from the list below:		
____ Session Sponsor Registration for both conferences - June 21 and June 28		
____ Electricity (this charge is included in your fee)		\$0
	TOTAL DUE:	
	BALANCE:	

***All payments DUE BY MONDAY, MAY 30. Non-payment by this date results in forfeit of exhibit space.**

Make all checks payable to **Transitions LifeCare.**

Mail your payment to: **Transitions LifeCare 250 Hospice Circle Raleigh, NC 27607**
Attn: Triangle Caregivers Conference

If you have any questions, please contact The Triangle Caregivers Conference Hotline @ 919.719.6765

THANK YOU FOR YOUR SUPPORT!

For accounting purposes, please note that our Tax ID # is: 56-1228779