

PLEASE COMPLETE THIS INVOICE THEN MAIL PAYMENT OR CALL TO PAY BY CREDIT CARD **USING THE CONTACT INFORMATION BELOW.** CHECKS SHOULD BE MADE PAYABLE TO "SNOW COLLEGE"

PAYMENT DEADLINE IS NOV. 8, 2012

Snow College
ATTN: Cashier
 150 E College Avenue
 Ephraim, UT 84627
 Phone (435) 283-7292

To pay by check, send to this address.

INVOICE

To pay by credit card, call this number

PAYMENT FROM: (Write your company information below)

FOR: 7 Habits - Ephraim

NOTE: The actual rate is \$395 per attendee. However, if you are a Custom Fit Training qualified company, you need pay only \$195.00 per attendee, and Custom Fit will pay the other \$200.00 per attendee.

Name: _____

Address: _____

City: _____ STATE: _____ ZIP: _____

DESCRIPTION	# of attendees	Rate per Attendee	TOTAL AMOUNT
7 Habits training (with Custom Fit Assistance) If you ARE utilizing Custom Fit Training assistance, in the columns at right, enter the number of attendees from your organization who will attend the training; multiply that by \$195.00 and enter the total amount due. This is the amount you should pay.	_____	\$195.00	\$ _____
7 Habits training (NO Custom Fit Assistance) If you are NOT utilizing Custom Fit Training assistance, in the columns at right, enter the number of attendees from your organization who will attend the training; multiply that by \$395.00 and enter the total amount due. This is the amount you should pay.	_____	\$395.00	\$ _____
TOTAL AMOUNT DUE			\$

IF YOU MAIL YOUR PAYMENT, PLEASE INCLUDE A COPY OF THIS INVOICE

OFFICE USE ONLY

ATTENTION: SNOW COLLEGE CASHIER'S OFFICE

Please make this deposit into **Account #D15195-5840** AND note the following:

- Payee or Company Name
- "Pmt for 7 Habits - Ephraim"
- Number of Attendees (noted above on this invoice)