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INVOICE

No. _____

DATE: _____

TO: _____

FOR: Registration Fee for **SUMMER SESSION 2010** - A Public Purchasing Seminar with **INSURANCE ISSUES**, June 23rd, 24th, 25th, 2010 - At the La Quinta Resort Hotel - South Padre Island.

Participant's Name: _____ \$ _____

_____ \$ _____

Ref: P.O. No. _____

TOTAL FEE \$ _____

Method of Payment:

Check: Remit to above address

Credit Card: _____ Visa/MC

_____ Exp. Date: _____

Signature: _____

For more information please call Adrian Garcia at (956) 361-6390
Fax: (956) 361-6398