



P.O. Box 26140
Greensboro, NC 27402
Ph 336.378.6465
Fax 336.378.6272

INVOICE

Invoice Number: LV181

Date: _____

TO:

Company Name _____

Contact _____

Email _____

Yes, I would like to purchase _____ luncheon vouchers at \$15 each for a total of
\$ _____. Quantity (Min. 5)

I understand that these vouchers are transferable and will expire two years from the date payment is received. I also understand that I still must register in advance for each luncheon, check in at the registration desk upon arrival, and that GCHA's cancellation policy states that a voucher will be considered used upon registration unless I cancel at least 48 hours prior to the luncheon.

PAYMENT

Payment Amount \$ _____ Check Visa MasterCard American Express

Payable to GCHA

Card # _____ Exp. Date _____

Name on Card _____ V-code _____

Billing Address _____

City _____ State _____ Zip _____ Phone _____

Authorized Signature _____

Email _____

Questions??? Call GCHA at 336.378.6465
Mail to GCHA, PO Box 26140, Greensboro NC 27402
Or scan and email to hsmart@guilfordhotel.org