



P.O. Box 26140  
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# INVOICE

Invoice Number: LVI6

Date: \_\_\_\_\_

**TO:**

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

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 \_\_\_\_\_

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