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| **FROM:**  **Name**  **Address** | **Invoice**  Invoice # |
|  | DATE: |

**TO:**

Informed Families 2490 Coral Way Miami, FL

cstilwell@informedfamilies.org

|  |  |
| --- | --- |
| **DESCRIPTION** | **TOTAL** |
| **Date of Presentation(s)**  Topics Reviewed  Pre/Post Completed  PPK – Agenda I, II, III, IV  # of Participants  Location of Presentation(s) | **TOTAL AMOUNT THIS INVOICE: $** |