

CLINICAL CHILD AND PEDIATRIC PSYCHOLOGY TRAINING COUNCIL, INC.

February 1, 2019

INVOICE #2019

PAYMENT DUE WITHIN 45 DAYS OF RECEIPT OF THIS INVOICE

| Bill To: | Send Payment To: |
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| Program Name: Type: Internship: Program Representative: Phone: Email: DCT | Recipient: Kathleen Lemanek, Ph.D. Treasurer Address: Nationwide Children's Hospital 700 Children's Drive Columbus, OH 43209 Email: Kathleen.Lemanek@nationwidechildrens.org Please make checks out to: CCaPPTC. Thank you. |

| Qty. | Description | Unit Price | Line Total |
|------|--|------------|------------|
| 1 | Annual membership for Clinical Child and Pediatric Psychology Training Council- Internship | \$175 | \$175 |
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| | | TOTAL | \$175 |

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Clinical Child and Pediatric Psychology Training Council, Inc.

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