

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:
Program Name: Type: Post-doctoral Fellowship 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- Fellowship	\$175	\$175
		TOTAL	\$175

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Clinical Child and Pediatric Psychology Training Council, Inc.

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