Dear **Trisha**,

Greetings from Edupliance!

Thank you for ordering with us! Your purchase has been successful.

On behalf of everyone at EDUPLIANCE, we welcome you to an esteemed group of professionals, who aim to provide you with meaningful online education – education that spans many industries and helps you learn something new.

We hope that you will be benefited remarkably with your ordered product and keep visiting us to enhance your knowledge. Your patronage inspires us to make better products for you.

**Please note:**

* If you have ordered live/on-demand audio conference or webinar, then you will receive dialing instructions 24 hours prior to the session.
* If you have ordered a DVD or CD, you can expect to receive your order within 20 days after the webinar date.
* To download a Transcript/Instant Download, please use the 'Download' link that is provided below in your order receipt.

NOTE - YOUR credit card statement will show this purchase under **PAYPAL \*EDUPLIANCE\***. **EDUPLIANCE** is a division of **SPECTRUM INFO COMM COMPANY PRIVATE LIMITED.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| INVOICE NUMBER **: EDU1042**  TRANSACTION ID**:** **9WH228529M412821U**  RECEIPT NUMBER - **5226-6608-7313-3662** | | | * INVOICE DATE**: 29-OCT-2015** * INVOICE TIME**:** **11:38 PDT** | | | |
| **BILLING INFORMATION** | | | **SHIPPING INFORMATION** | | | |
| |  |  | | --- | --- | | First Name | **Trisha** | | Last Name | **Benson** | | Email ID | **trisha\_benson@sagicor.com** | | Zip Code | **85251** | | Fax Number | **480-425-5131** | | Billing Address | **4343 North Scottsdale Road\r\nSuite 300** | | Country | **United States** | | State | **Arizona** | | City | **Scottsdale** | | | | |  |  | | --- | --- | | First Name | **Trisha** | | Last Name | **Benson** | | Email ID | **trisha\_benson@sagicor.com** | | Zip Code | **85251** | | Fax Number | **480-425-5131** | | Billing Address | **4343 North Scottsdale Road\r\nSuite 300** | | Country | **United States** | | State | **Arizona** | | City | **Scottsdale** | | | | |
| **Serial No.** | **ITEM DESCRIPTION** | | **QUANTITY** | **RATE** | | **GROSS AMOUNT** |
| **1.** | **mental illness – crisis situation skills for the workplace (live webinar)** | | **01** | **$159.00** | | **$159.00** |
| **GRAND TOTAL:** | | | | **$159.00** | | |
|  | | | | | | |
| **Attendee(s) Information**  **(Participants who will be attending the session)** | | | | | | |
| **PARTICIPANT(S) NAME** | | **EMAIL ID** | | | **PHONE NO.** | |
| **Trisha Benson** | | **trisha\_benson@sagicor.com** | | | **4804255100** | |
| **THIS IS A COMPUTER GENERATED INVOICE AND DOES NOT REQUIRE ANY SIGNATURE** | | | | | | |

In Case of any query, please email us at [support@edupliance.com](mailto:support@edupliance.com) or call us at +1-844-810-1151

**DECLARATION**

**Edupliance declares that this invoice shows actual price of the goods and that all particulars are true and correct.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE – THIS IS A CONFIDENTIAL DOCUMENT. PLEASE DO NOT SHARE THIS INFORMATION WITH ANYONE.**

EDUPLIANCE STRIVES TO PROVIDE YOU WITH CUTTING-EDGE BUSINESS ENHANCING INFORMATION. OUR PRODUCTS AND PRESENTATIONS HAVE BEEN EXCLUSIVELY DESIGNED TO THOROUGHLY EDUCATE AND GUIDE INDIVIDUALS AS WELL APROFESSIONALS WITH PRACTIAL INFORMATION. THIS INFORMATION HELPS THEM KEEP THEIR BUSINESS RUNNING SMOOTHLY ALONG WITH CONSTANTLY IMPROVING BOTTOM LINES.