



Medical Training Solutions
 PO Box 17349
 Seattle, WA 98127
 (866) 681-6700
 support@medtraining.org
 www.medtraining.org

Invoice 25259

DATE 10/16/2018	PLEASE PAY \$0.00	DUE DATE 11/15/2018
--------------------	-----------------------------	------------------------

BILL TO
 Riverside University

Please detach top portion and return with your payment.

PROGRAM	RATE
na	

TOTAL DUE	\$0.00
-----------	---------------

THANK YOU.

PAID