



2018 DOWNTOWN REGISTRATION INVOICE

To: _____ (School Name)
_____ (Contact Name)
_____ (Address)
_____ (City, State, Zip)

Date: _____

	Quantity	Cost	Total
Registration Fee	1	1050	1050
Invoice Total			\$1050

Empire Mock Trial's tax ID # is 26-0150254.
W9 forms are available in the Payment Center of the Team Dashboard under the "Print Invoice" option.

Please make all checks payable to "Empire Mock Trial" and mail to:
Empire Mock Trial | 5 Sicomac Road, Suite 116 | North Haledon, N.J. 07508
Please mail this invoice along with your check.