



Attention: **INR Program Coordinator** Email:

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It's Not Right!
POST PRESENTATION INVOICE

PLEASE COMPLETE & SUBMIT POST TRAINING:

Date of Event: _____ **Community Presenter:** _____

Location: _____ **Host Group:** _____

Name of CRN or Host Member Agency:			
Contact Person:			
Address:			
City/Province:		P.C.	
Phone:		Email:	
CRN Mentor for Region:			
Cheque Payable to:			
Address:			
City/Province:		P.C.	

Date of Presentation	Number in Attendance	Total
		\$100
	TOTAL	
Signing Authority:		
Signature:	Date:	