



Invoice Number: \_\_\_\_\_

**AAPT/PTRA WORKSHOP INVOICE**

**TO:** \_\_\_\_\_  
**FROM:** *AAPT (American Association of Physics Teachers)*  
**DATE:** \_\_\_\_\_  
**RE:** **Invoice for AAPT/PTRA Physical Science Workshop Services**  
**(e.g., registration fee and materials)**

**Date(s) of AAPT/PTRA Workshop:** \_\_\_\_\_  
**Title of AAPT/PTRA Workshop:** \_\_\_\_\_  
**Location of AAPT/PTRA Workshop:** \_\_\_\_\_  
**Length of AAPT/PTRA Workshop (in Hours):** \_\_\_\_\_  
**Number of Workshop Participants:** \_\_\_\_\_

**Until September 1, 2011, the fee for an AAPT/PTRA professional development workshop is ten (\$10) dollars per hour per participant. For service provided during this AAPT/PTRA professional development workshop, a payment of \$ \_\_\_\_\_ is request.**

**Please make check payable to AAPT/PTRA. Send payment to address below:**

**Address:** *American Association of Physics Teachers*  
*AAPT/PTRA Program*  
*One Physics Ellipse*  
*College Park, Maryland 20740-3845*  
*(301) 209 - 3344*

**Please return a copy of this invoice with your payment. Thank you.**