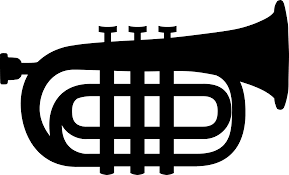
**Spokane Falls Music Educators Association**  
**Northeast Music Educators Association**  

**Invoice**

**@Today's Date@**

**School:**

@School Name@

@School Address@

@School City, State, Zip@

@School Phone Number@

**Director:** @Director Name@

**@Festival you are registering for@  
 @Date Of Festival@**

**@Location of Festival@**

**Performing Ensemble:**

@Name of Performing Group@ **Entry Fee: $@Entry Fee@**

**Please make check payable and remit within one week to:**

@Region@ Music Educators Association

PO Box 9974 **\*\*If you are registering more than one group,**

Spokane, WA 99209  **you will receive an invoice for each**

**performing ensemble. Please submit all**

**invoices with your check.\*\***

Questions? Please contact: Brandon Campbell, brandon.campbell@mead354.org

\*\*RETAIN A COPY FOR YOUR RECORDS\*\*