LANTERN AWARD
Application Invoice

LANTERN AWARD ENA EMERGENCY NURSES ASSOCIATION

PURCHASER

Primary Contact Person

Date

Hospital/Facility Name

Facility P.O. # (if applicable)

Department

Street Address

City

State

Zip

Email Address

QUANTITY	DESCRIPTION	AMOUNT
1	Lantern Award Application Fee	$3,000.00
	TOTAL DUE	**$3,000.00**

MAKE ALL CHECKS PAYABLE TO:
Emergency Nurses Association
Attn: Lantern Award
930 E. Woodfield Road
Schaumburg, IL 60173

THANK YOU FOR YOUR PAYMENT!