INVOICE



CUSTOMER NO.: INVOICE NUMBER: 04-MAR-10 1057750 5728 41-0850527 INVOICE 8400005 REF. NO.: Page 1 of 1 910 us_mes8_combo

LOCATED AT:

ATTN: ACCOUNTS PAYABLE WARREN COUNTY SD 185 HOSPITAL DR WARREN, PA 16365

BILL TO:

WARREN COUNTY SD 185 HOSPITAL DR WARREN, PA 16365

Control of the Contro	THIS IS YOUR ANNUAL SUPPORT/SUBSCRIPTION RENEWAL. A NEW PURCHASE ORDER IS REQUIRED. TO AVOID CANCELLATION OF YOUR PHONE SUPPORT, PRODUCT UPDATES, OR HOSTED PRODUCT PLEASE WORK WITH YOUR DIRECTOR OF TECHNOLOGY OR APPROPRIATE PARTY TO ESTABLISH AND APPROVE A CURRENT YEAR PO AND PAYMENT FOR THIS ANNUALLY RECURRING INVOICE. IF YOU ARE NOT RENEWING, PLEASE FAX WRITTEN NOTIFICATION TO 480-323-2904. SAVINGS OPPORTUNITY - RENEW FOR 2 YEARS AND SAVE 7%, RENEW FOR 3 YEARS AND SAVE 15% OR RENEW FOR 4 YEARS AND SAVE 25%. FOR MORE INFORMATION CALL YOUR ACCOUNT-EXECUTIVE OR CALL CUSTOMER SUPPORT AT 1-866-977-7900, OPTION 2.	ANNUAL SUBSCRIPTION FOR 28 NOVANET PORTS	6.00% STATE TAX 0.00% CITY TAX 0.00% COUNTY TAX	TOTAL FOR ALL LINE JTEMS	NOVANET-SUBSCRIPTION FOR PERIOD 04-MAR-10 THROUGH 03-MAR-11 INVOICE SUMMARY:	DESCRIPTION	CARRIER: CONTRACT NUMBER: B/L NUMBER:	SHIP DATE:	PURCHASE ORDER: (MOST RECENT SHIPMENT)	PURCHASE INFORMATION SHIPPING INFORMATION	
OUD OUR	or o					יום		DUE DATE:	TERMS:	-	
778			,	1	N 31,920.00	A UNIT PRICE	888-977-7900 480-323-2904 (Fax) renewalsupport@peau	04-MAR-10	PAY ON RECEIPT	PAYMENT INFO	Uelelelice Ivc
(USD)			0.00	31,920.00	31,920,00	EXTENDED PRICE	888-977-7900 480-323-2904(Fax) renewalsupport@pearson.com(e-mail)		T	ENT INFORMATION	serence Number, Our -536246

01-1100-700-00-00-1060

NCS PEARSON INC.
13036 COLLECTION CENTER DRIVE
CHICAGO, IL 60693
Remit by Wire or ACH to:
Bank of America - ABA (routing)# 0719-23284
Account Name: NCS Pearson
DDA Account No: 81881-05388
(Include invoice number in transmission)