PDF

Paid

From:
Language Dynamics Group
8702 Holly Hills Drive
Tomball, TX 77375

Order Number	68123
Invoice Date	January 9, 2026
Due Date	February 8, 2026
Total Due	**$622.77**

Billing address
Accounts Payable
Cincinnati Children's Hospital Medical Center
10001 Alliance Road
Cincinnati, OH 45242-4750
Shipping address
Green Township / Speech Pathology Attn: Michelle O
Cincinnati Children's Hospital Medical Center
10001 Alliance Road
Cincinnati, OH 45242-4750

Hrs/Qty	Service	Rate/Price	Sub Total
1	DYMOND Plus Training **SKU:** Dymond Plus Training **_woosb_ids:** 276/06hc/1,262/0aki/1	$598.00	$598.00
1	DYMOND Plus Training → DYMOND® - Virtual Training **SKU:** VTDYM **_woosb_parent_id:** 63975	$0.00	$0.00
1	DYMOND Plus Training → DYMOND **SKU:** dymond **_woosb_parent_id:** 63975	$0.00	$0.00

Subtotal:	$598.00

Shipping:	$24.77 via Shipping
Payment method:	Purchase Order
Total:	$622.77

Pay with check:

Mail to:
Language Dynamics Group
8702 Holly Hills Drive
Tomball, TX 77375

To pay with electronic bank transfer:

Bank Name: Wells Fargo Bank
Bank Address: 21314 Kuykendahl Rd.
Spring TX 77379
Branch Name: Kuykendahl
Routing Number: 091000019
Bank Account Number: 3594412599
Electronic Wire: 121000248

International Wire: SWIFT Code - WFBIUS6S
Bank: Wells Fargo Bank, NA

Please email
kathy.konishi@languagedynamicsgroup
with the information below.

Include the Order number, Payee Information, Sum of payment, date of payment, and method of payment.

Payment is due within 30 days from date of invoice.