PDF

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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

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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:

Domestic Wire Routing Number: 121000248
ACH or Direct Deposit Routing Number: 102301092

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

Bank Address: 420 Montgomery, San Francisco, CA 94104 5.
Beneficiary Bank Account Number: 1691210197

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.

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Payment is due within 30 days from date of invoice.