

Third Party Continuing Education Payment Form



Payment must be received prior to CE review.

Mail, fax or email your materials to:
American Society of Anesthesia Technologists and Technicians
6737 W Washington St, Ste. 4270, Milwaukee, WI 53214

asatt@asatt.org • Phone: 414-295-9220 • Fax: 414-755-1346

Name: _____ Member ID#: _____

Phone: _____ Email: _____

Fee Structure:

If you are earning:

Then you pay:

.25-10.75 CEs

\$10/CE

11-15.75 CEs

\$15/CE

16-20.75 CEs

\$20/CE

21-25.75 CEs

\$25/CE

26-30 CEs

\$30/CE

Total Number of CEs being earned: _____

Total Amount Submitted: \$ _____

This fee structure applies to commercial third-party CEUs only. It does not apply to any credits earned at an ASATT event or via the ASATT website (including Sensor Quizzes and Webinars), BLS, ALS/ACLS, and PALS accredited by the American Red Cross or the American Heart Association, credits received from any of ASATT's approved Anesthesia Technology Programs and AANA.

PAYMENT

Make checks payable to ASATT and return with this form to:

ASATT 6737 W. Washington St., Suite 4270 Milwaukee, WI 53214

Or pay by credit card: Return this form and an invoice will be sent to the email address you provide.

You can then pay online or call the ASATT Office at 414-295-9220 to pay over the phone. Please

note: Credit card information sent via email will not be accepted.

*I understand and accept that if electronically submitted, my typewritten name constitutes my signature.

Authorized Signature: _____