ASATT Region 5 Meeting

Saturday, May 20, 2017
Arkansas Children's Hospital
1 Children's Way | Slot 203
Little Rock, AR 72202

Registration Fee (til May 19, 2017)
$60.00 for ASATT members, $120 for non-members
Day of Meeting Registration Fee: $100.00 for ASATT members, $160.00 for non-members

Registration fee includes tuition, continental breakfast, and Certificate of Education Contact Hours (for non-members). Members will have their Contact Hours recorded in the ASATT database. This meeting is approved for up to 8 CE's

Program Objective: The need to learn is imperative to the growth and development of the Anesthesia Technician as an integral part of the Anesthesia care team. At the completion of the seminar each participant should have a keen awareness of the challenges faced in the work place and a more objective method of assessing and applying the information presented. Up to 8 contact hours will be awarded for full attendance.

ASATT MISSION

The ASATT supports opportunities for professional development education and growth to the members.

The ASATT is committed to maintaining the highest standards of patient care by anesthesia support personnel.

VISION

The ASATT will serve as a resource to the members and community as a vehicle to achieve patient care through education and research.

VALUE

Values through which our Mission and Vision are achieved:

· respect for others,

· integrity, responsibility and accountability,

· collaboration and teamwork,

· diversity,

· self improvement and

· fiscal responsibility.

REGISTRATION FORM
ASATT Region 5 Meeting
May 20, 2017
Held at Arkansas Childrens Hospital

Name:_____ Phone: _____(H) _____(W)

E-mail:_____

Home Address: _____ City _____ State: _____ Zip: _____

Institution: _____

ASATT Membership No. _____

Registration Fee (Until May 19, 2017): $60.00 for ASATT members, $120 for non-members

Day of Meeting Registration Fee: $100.00 for ASATT members, $160 for non-members

Credit Card: VISA / MASTERCARD / Discover / AMEX (circle one)

Credit Card Number: _____ **Exp Date:** _____ SEC Code _____

Authorized Signature_____ **Date**_____

Make check payable to: ASATT Region 5 Meeting

Send to: ASATT • Alex LLanas - 7044 S. 13th Street, Oak Creek, WI 53154 • Ph: 414-908-4942 Fax (414) 768-8001