



## **ASATT Region 5 Meeting**

**Saturday, March 2, 2019  
UTSW**

**William P. Clements Jr. University Hospital  
Meeting Room 02.101  
(2nd floor conference area)  
6201 Harry Hines Blvd  
Dallas, TX 75390**

**Fee: \$85.00 for ASATT Members, \$170.00 for Non-Members**

**Day of Meeting Registration Fee:** \$125.00 for ASATT members, \$200 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  
 February 16, 2019  
 UTSW**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_(H) \_\_\_\_\_(W)

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institution: \_\_\_\_\_

ASATT Membership No. \_\_\_\_\_

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**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. 13<sup>th</sup> Street, Oak Creek, WI 53154 • Ph: 414-908-4942 Fax (414) 768-8001