

Continuing Education Payment Form



A check, money order or credit card information must accompany this CE application at the time of request.

Mail, fax or email your materials to:

American Society of Anesthesia Technologists and Technicians
7044 South 13th Street, Oak Creek, WI 53154-1429

continuingeducation@asatt.org • Phone: 414-908-4942 • Fax: 414-768-8001

Name: _____

Shipping Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

ASATT ID#: _____

Fee Structure:

If you are earning:

Then you pay:

1-10 CEs

\$10/CE

11-15 CEs

\$15/CE

16-20 CEs

\$20/CE

21-25 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 CEs only. It does not apply to ASATT CEs, BLS, ACLS, or PALS.

PAYMENT

Check or money order made payable to ASATT

Credit Card: Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____ CCV Code: _____

Card Holder Name: _____

Credit Card Billing Address: _____

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

Authorized Signature: _____