

Third Party Continuing Education Payment Form



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

Mail, fax or email your materials to:

American Society of Anesthesia Technologists and Technicians
6737 W Washington Street, Ste. 4210, 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:
1-10 CEUs	\$10/CE
11-15 CEUs	\$15/CE
16-20 CEUs	\$20/CE
21-25 CEUs	\$25/CE
26-30 CEUs	\$30/CE

Total Number of CEUs being earned: _____

Total Amount Submitted: \$ _____

This fee structure applies to commercial third-party CEUs only. It does not apply to ASATT CEs, BLS, ACLS, or PALS.

Example if you are earning 23 CEUs:

The first ten CEUs are \$10 each, the next five are \$15 each, the next five are \$20 each, and the last three are \$25 each. The total would be \$350.

PAYMENT

Check or money order made payable to ASATT

Credit Card: Visa MasterCard American Express Discover

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: _____