SATRO 25

April 18-19, 2024 A *Virtual* Experience



Tax ID 56-2133609

Conference Registration Form

FOLLOWING COMPLETION OF THE REGISTRATION PROCESS.

A full refund, less a \$50.00 processing fee per person, will be made for cancellations received by 5 p.m. on April 4, 2024. No subsequent refund requests will be honored. However, upon notification by April 10, 2024, conference, substitutions will be allowed at no additional charge if the registrant is employed by the same company. Complete contact information is important for each registrant. The e-mail address you will use to sign into webinar sessions should be provided below, to validate requests for continuing education credits. In order to provide a more pleasant and timely registration experience, a \$50 late fee will be applied after 4/10/2024, per registrant.

	PLEASE	PRINT		
1.) NAME:				REGISTRATION FEES
				
		ACDT		1st Registrant: Fee: \$195.00 Total: \$
Circle CEs:	AAPC	ASRT	ROCC	ree: \$193.00 10tal: \$
2.) NAME:				2nd Registrant: Total: \$
				Fee: \$195
PHONE:				3 rd Registrant: Total: \$
Circle CEs:		ASRT	ROCC	Fee: \$195
3.) NAME:				4th Registrant: Total: \$
				Fee: \$195
				Late Fee: Add: \$
	AAPC	ASRT	ROCC	Total Registration Fees: \$
				(Please use additional forms, as necessary)
		ALL REGISTRANT		
Name:				Payment Method:
Address:				Check: Please mail your check to P. O. Box 940262, Maitland, FL 32794. (new address)
City: State:	Zip			Credit Card: scan and e-mail payment to
				mysatro@aol.com, call or leave a voice mail
CREDIT CARD	:Visa _	Master Ca	rd Dis	scover (AMEX is not currently an option
Card #			Exp. Dat	te Security Code
Name on Card:		Addres	ss	
City:		State:	Zip:	Cell Phone#
I/we agree not to s non-registrants. [\$				ws with
Signature:				SATE
				Phone: (704) 286-6
RECEIPTS WILL.	BE SENT TO H	TE KEGISTKAN	I S E-MAIL	