

**SATRO 27**  
April 23, 2026  
A Virtual Experience



**Conference Registration Form**

A full refund, less a \$25.00 processing fee per person, will be made for cancellations received by 5 p.m. on April 9, 2026. No subsequent refund requests will be honored. However, upon notification by 5 p.m. on April 15, 2026, 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 in to the webinar sessions must be provided below. The inability of SATRO to validate your participation should you use different addresses or sign in methods may result in the loss of any CE credits requested. In order to provide a more pleasant and timely registration experience, a \$50 late fee will be applied after April 15, 2026, per registrant.

**PLEASE PRINT**

1.) NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Type "Y" for Your CEs:      AAPC      ASRT      ROCC

2.) NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Type "Y" for Your CEs:      AAPC      ASRT      ROCC

3.) NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Type "Y" for Your CEs:      AAPC      ASRT      ROCC

**REGISTRATION FEES**

1st Registrant:  
Fee: \$99.00      Total: \$ \_\_\_\_\_

2nd Registrant:      Total: \$ \_\_\_\_\_  
Fee: \$99

3rd Registrant:      Total: \$ \_\_\_\_\_  
Fee: \$99

4th Registrant:      Total: \$ \_\_\_\_\_  
Fee: \$99

Late Fee:      Add: \$ 50

**Total Registration Fees: \$ \_\_\_\_\_**

(Please use additional forms, as necessary)

**COMPANY INFORMATION FOR ALL REGISTRANTS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

**Payment Method:**

**Check:** Please call for routing instructions on how to pay by ACH bank transfer.

**Credit Card:** scan and e-mail payment to [mysatro@aol.com](mailto:mysatro@aol.com), or leave a voice mail.

**CREDIT CARD:** \_\_\_\_ Visa \_\_\_\_ Master Card \_\_\_\_ Discover (**AMEX is not currently an option**)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

I/we agree **not to share** webinar sign in protocols or screen views with non-registrants. **[Sign below to complete your registration]**

Signature: \_\_\_\_\_

DIGITAL RECEIPTS WILL BE SENT TO THE REGISTRANT'S CONFERENCE SIGN IN E-MAIL ADDRESS FOLLOWING COMPLETION OF THE REGISTRATION PROCESS.

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