

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: Fee: \$99	Total: \$ _____
3rd Registrant: Fee: \$99	Total: \$ _____
4th Registrant: Fee: \$99	Total: \$ _____
Late Fee:	Add: \$ <u>50</u>
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, 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.

SATRO®
 P.O. Box 940262
 Maitland, FL 32794
 Phone: (407) 374-9592
 Tax ID 56-2133609