

Cooperative Offering Information and Payment

For those offerings checked as cooperative, provide the requested information. (If there are multiple cooperative organizations, *attach a list of dates and cooperative organization, contact name, phone, and e-mail.*)

Name of cooperative organization: _____

Contact name at cooperative organization: _____

Phone number for contact: _____

E-mail address for contact: _____

Is the other organization an ASHA Approved CE Provider? Yes No

If no, please provide payment. The *non-refundable* cooperative offering **fee(s) must be submitted with this form.**

Total amount (credit card or check) \$ _____

Check. Check number: _____

Credit card (MasterCard or Visa,) complete the following:

Credit card number: _____

Expiration date: _____

Name as it appears on card: _____

Attestations

I understand that if the Additional Offerings List and cooperative fees (if applicable) are received by the CEB after the 3-day deadline, I must submit an appeal letter to the CEB.

ASHA CE Administrator's Name

Original signature

Date: _____

Send the completed Additional Offerings List and the cooperative offering fee payment (if applicable) to:

Mailing address for registrations without fees:

Continuing Education, ASHA, 2200 Research Blvd. #340, Rockville, MD 20850

Mailing address for registrations including cooperative payment(s):

Continuing Education, ASHA, P.O. Box 1160 #340, Rockville, MD 20849

Fax number: 301-296-8574