



2017 Webinar Group Registration Form for Webinar Quiz Only Courses

Name (First Enrollee): _____ **Phone:** _____
Last First Middle
(The first enrollee must register for the webinar at full price.)

Home Address: _____ **Cell:** _____

Email Address: _____ **ASET ID#** _____

Institution: _____

Group attendees must complete this form and submit payment to register for the “Webinar Quiz Only” course. Once payment is received, attendees will be enrolled in the Webinar Quiz Only online course (located in the ASET eLearning portal) and have access to the required quiz. CEU credit will only be granted after passing the required quiz following each webinar.

Webinar Quiz Only Course Enrollment	# enrollees	member	Non-member	Cost
Jan 18 th – Webinar Quiz Only: <i>Linked Quadri-Polar MEP Stimulation for Minimizing Body Movement</i>		@ \$10.00	@ \$15.00	=
Feb 15 th – Webinar Quiz Only: <i>HIPAA Compliance for Equipment-What Does this Mean for You</i>		@ \$10.00	@ \$15.00	=
Mar 15 th – Webinar Quiz Only: <i>High Density EEG</i>		@ \$10.00	@ \$15.00	=
Apr 19 th – Webinar Quiz Only: <i>The Lyme Disease Epidemic & the Impact on the Brain.</i>		@ \$10.00	@ \$15.00	=
May 17 th – Webinar Quiz Only: <i>Medication Effect on the EEG & AED Updates</i>		@ \$10.00	@ \$15.00	=
Sept 20 th – Webinar Quiz Only: <i>NCS in Guillain-Barre Syndrome & Other Infectious Diseases</i>		@ \$10.00	@ \$15.00	=
Oct 18 th – Webinar Quiz Only: <i>IONM Updates Extended Webinar</i>		@ \$10.00	@ \$15.00	=
Nov 15 th -Webinar Quiz Only: <i>Updates on EEG Descriptors and Terms</i>		@ \$30.00	@ \$40.00	=
<i>Other (title):</i>				
<i>Other (title):</i>				
TOTAL due =				

Staff Information			
Name	email	Address	ASET ID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

This form can be duplicated to record additional attendees.

Payment Method:

- Check or Money Order payable to ASET – The Neurodiagnostic Society [payment must be in US dollars drawn on a US bank]
- American Express Discover MasterCard Visa

Name on Card: _____

Account No: _____ - _____ - _____

Expiration Date: _____ / _____ Billing Zip Code: _____ CID: _____
Month / Year

Cardholder Signature: _____

Return form with payment to Olivia Cottingham
 ASET – The Neurodiagnostic Society
 402 East Bannister Road, Suite A Kansas City, MO 64131
 Tel: 816.931.1120 x102 * Fax: 816.931.1145 * email: Olivia@ASET.org website: www.aset.org