ACE
ASET CONTINUING EDUCATION

ACE Transcript Request

Date _____

ASET ID # _____ or SS# Last 4 Digits Only _____

Name _____
First Last

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone Number ( ) _____ Fax Number ( ) _____

Email Address _____

Preferred Method of Delivery : ☐ Email ☐ Fax ☐ Mail

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■

$25 ASET Non-Member

Payment Information (must accompany application)

- *Check or Money Order payable to:* **ASET, Inc** (US dollars only)

American Express Discover MasterCard Visa

Name on Card _____

Account No. ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiration Date ___/___ 3/4 digit security code _____ Zip _____
Month Year

Cardholder Signature _____

American Society of Electroneurodiagnostic Technologists, Inc. [ASET]
6501 East Commerce Avenue, Suite 120, Kansas City, MO 64120
Federal ID # 74-1553534 ● 816.931.1120 phone ● 816.931.1145 fax ● info@aset.org ● www.aset.org
Updated 1/06/06