



## 2022 Webinar Group Registration Form

**Name (First Enrollee):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Last First Middle

*(The first enrollee must be registered for the webinar at full price.)*

**Home Address:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **ASET ID#** \_\_\_\_\_

**Institution:** \_\_\_\_\_

*\*Group attendees will have full access to the live webinar, the recording and the quiz. Group attendees must complete this form and submit payment to register. CEU credit will only be granted after passing the required quiz following each webinar.*

Webinar Group Enrollment Use the space below to list the title and Item No. for each webinar. Pricing for 1-CEU credit webinars only.	# of members	member	# of non-members	Non-member
<input type="checkbox"/>		@ \$10.00		@ \$15.00
<input type="checkbox"/>		@ \$10.00		@ \$15.00
<input type="checkbox"/>		@ \$10.00		@ \$15.00
<input type="checkbox"/>		@ \$10.00		@ \$15.00
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<input type="checkbox"/>		@ \$10.00		@ \$15.00
<input type="checkbox"/>		@ \$10.00		@ \$15.00
TOTAL due =				

Staff Information			
Name	email	Address	ASET ID

This form can be duplicated to add staff 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: \_\_\_\_\_ Month / Year      Billing Zip Code: \_\_\_\_\_      CID: \_\_\_\_\_

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

**Return form with payment to [Olivia@ASET.org](mailto:Olivia@ASET.org)**  
 ASET – The Neurodiagnostic Society  
 312 SW Greenwich Dr, Suite 669, Lees Summit, MO 64082  
 Tel: 816.931.1120 x102 \* **Fax: 816.735.0466** email: [Olivia@ASET.org](mailto:Olivia@ASET.org) website: [www.aset.org](http://www.aset.org)