

**Hospital/Facility Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**City / Zip Code** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_  
**E-mail\*** \_\_\_\_\_  
 \*Required as CEU Certificates will be emailed

<b>AzSRC Continuing Education Annual Invoice</b> <b>2020</b>
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1.	_____ applications 1-4	\$50 (per application)
2.	_____ applications 5-10	\$175
3.	_____ applications 11-15	\$225
4.	_____ applications 16-20	\$275
5.	_____ applications 21-25	\$325
6.	_____ applications 26-30	\$375
7.	_____ applications 31-35	\$425
8.	_____ applications 36-40	\$450
9.	_____ applications 40+	\$575

**Fee Due Date: Prior to first application approved**

**Review the attached fee schedule. Select the amount based on the predicted number of continuing education applications that you will use this year. Each date will count as an application. Any unused fees are NOT transferable to the next year.**

**Fees must be received prior to program approval. Make checks payable to, *Arizona Society for Respiratory Care*, and send to address below or via credit card at [www.azsrc.org](http://www.azsrc.org).**

With Best Regards,  
*Tammy Redasky*  
 AzSRC Continuing Education Chairperson

**Mail: Pima Medical Institute / T.Redasky**  
**2121 N. Craycroft Road, Building 1**  
**Tucson, AZ 85712**

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**FAX: 520-326-1075**