

## American Academy of Audiology CE Provider Late Fee Form

rovider Name:	
rogram Title:	
Program number:	
(Required if submitting a participant list	<i>:</i> )
Payment Information	
☐ Late Program Approval: Submitted 16-30 days prior to start of course	\$200.00 x = \$
☐ Expedited Late Program Approval: Submitted 4-15 days prior to start of course	\$300.00 x = \$ Number of approvals
☐ Participant List Late Fee:	\$150.00 x = \$
	Total Enclosed: \$
Payment Method o Check #	
o Credit Card #	Expiration:
o Visa o Master Card o American Ex	xpress o Discover
o Name	
Signature:	

Submit this form and payment to:

CE Provider Contact Authorized to Sign: \_\_\_\_\_

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