



# Texas Academy of Audiology

## CE Provider Annual Registration Form

www.texasaudiology.org

Please submit this form prior to offering your first course for this calendar year. All correspondence from Texas Academy of Audiology will be forwarded to the contact listed on this form. Please notify us as soon as possible of any contact changes.

Provider Name: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

By registering to be a CE Provider, I make the following representations and understand that Texas Academy of Audiology reserves the right to withdraw approved CE Provider status at any time for failure to abide by these requirements: (Check each bullet)

I have thoroughly read all CE Provider instructions and will abide by the course approval requirements.

I have reviewed the CE Provider fee structures for courses.

I understand that if I sponsor more than one CE course during the year, I will receive a billing based upon our fee structure shortly after the end of the calendar year.

### PAYMENT INFORMATION

ANNUAL REGISTRATION FEE for Year \_\_\_\_\_ : (required annually) \$ 100.00

Payment Method:

Check # \_\_\_\_\_

Credit Card – provide name and email address and an invoice will be sent for secure credit card payment

Name: \_\_\_\_\_

Email: \_\_\_\_\_