

Registration Form

When: Saturday, April 22, 2023

Where: South County Hospital, 100 Kenyon Ave, Wakefield,

RI Time: 8am-3:30pm

*****Pre registration is required by APRIL 10, 2023**

Please complete this form and email to:

kmossmanyee29.astri@gmail.com

Please have credentials & your registration form with you

Registration Fees:

- **Registration:** \$25.00
- **Student:** Free (Registration **MUST** be sent/ emailed by 4/10/23)
- **CE'S offered:** 5 CE's (4- Live)

We accept Venmo, @RIStateassemblyof AST, or Check. Please mail checks to the below address with registration form.

Rhode Island State Assembly of AST @ PO Box 1166, Charlestown, RI, 02813

Please check box below:

CST: _____ CST/CSFA: _____ STUDENT: _____ OTHER: _____

Name _____

Address: _____

Email: _____

AST MEMBER #: _____

NBSTSA Certification #: _____

Other/ License: _____

Employer: _____

Total Amount Enclosed \$ _____

****Email questions to: kmossmanyee29.astri@gmail.com**

RHODE ISLAND STATE ASSEMBLY
OF THE ASSOCIATION OF
SURGICAL TECHNOLOGISTS



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