Registration Form

When: Saturday, April 22, 2023

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

RI <u>Time</u>: 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 <u>Venmo</u>, @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,

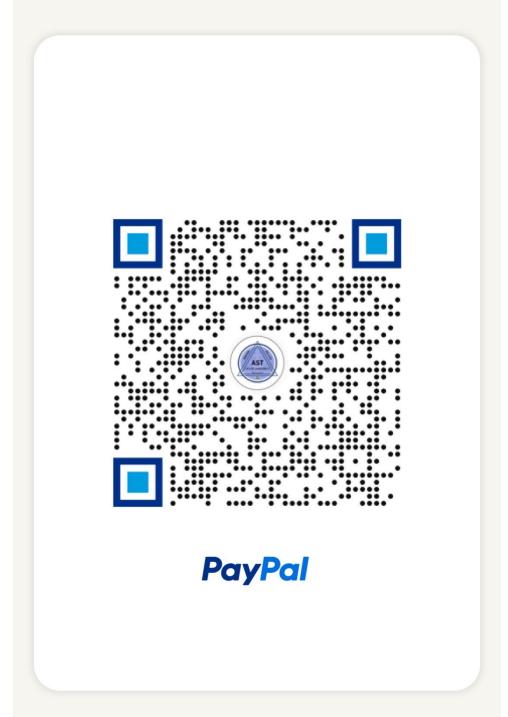
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Please check box below:

CST:	CST/CSFA:	STUDENT:	OTHER:
Name			
Address:			
NBSTSA (Certification_#:		
Other/ Lic	cense:		
Employer	:		
	ount Enclosed \$		

**Email questions to: <u>kmossmanyee29.astri@gmail.com</u>

RHODE ISLAND STATE ASSEMBLY OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS



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