



American Academy of Thermology

## Registration Form

### AAT Physician Thermography Interpretation Course

#### Webinar Based or Live Format

(Live courses are held at the Bernadine Center on the St. Francis Hospital-Downtown Campus, in Greenville, SC)

**Course date you are registering for:** \_\_\_\_\_

**Print or type.**

Name \_\_\_\_\_ Degrees/Credentials \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

City, State, Postal Code, Country \_\_\_\_\_

\_\_\_\_\_

**Member Registration Fee: \$1,650\***

**Non-Member Registration Fee: \$1,900\***

\* Unless other arrangements have been made there is a three person minimum.

**Payment:**

**Total enclosed \$** \_\_\_\_\_

Check:

Personal Check \_\_\_\_\_ enclosed payable to the AAT in \$US dollars.

Company/Institution Check \_\_\_\_\_ enclosed payable to the AAT in \$US dollars.

Provide name and address of company/institution:

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Credit Card:

PayPal (available online- visit our website at [www.aathermology.org](http://www.aathermology.org)) \_\_\_\_\_

VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

Card no. \_\_\_\_\_ Exp.Date \_\_\_\_\_

Card Security Code \_\_\_\_\_ *(Three- or 4-digit value printed on the card or signature strip)*

Credit card billing address & postal code \_\_\_\_\_

Name of cardholder, if different from applicant's name \_\_\_\_\_

Signature: \_\_\_\_\_

**Return to:**

**AAT, Attn: Registration**

**500 Duvall Drive**

**Greenville, SC 29607 USA**

**Phone: 864-236-1073 Fax: 864-236-5918**

**Email: [contact@aathermology.org](mailto:contact@aathermology.org)**