



Invoice Date:

**A-STEP Accreditation Program Information**

Primary Contact Name:		Phone:
A-STEP Introductory Course Provider Name:		
Affiliated AASM Accreditation #:		
Address:		
City:	State/Province:	Postal Code:
<b>Are you applying for a new A-STEP accreditation or reaccreditation?</b> <input type="checkbox"/> New <input type="checkbox"/> Reaccreditation		

**Payment Due**

<input type="checkbox"/> AASM Accredited Member <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"><b>\$1200</b></div>	<input type="checkbox"/> AASM Accredited Nonmember <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"><b>\$1500</b></div>
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**Payment Options:** Please check one box below. Purchase orders are not accepted.

<input type="checkbox"/> Check payable to the AASM: <i>(U.S. funds drawn on a U.S. bank)</i>		Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Total: \$	Card Number:	Exp. Date:	
Validation Code*:	Billing Address:		
Cardholder's Name:			
<input type="checkbox"/> I certify the above payment information is correct and accept the charge to the credit card.			
<small>*For a VISA, MasterCard or Discover, the validation code is the last 3 numbers in the signature box on the back of the card. For American Express, the validation code is the 4 numbers above the credit card number on the front of the card.</small>			