



American Academy of Thermology

Registration Form

AAT Physician Thermography Interpretation Course

Webinar based (live virtual) format. In person training can be arranged, but is individually determined.

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:

Credit Card:

PayPal (available online- visit our website at 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