



APPLICATION FOR INDIVIDUAL CONTINUING EDUCATION UNITS (CEUs)

**Maximizing the Literacy Skills
of Individuals who Require AAC**

PLEASE PRINT CLEARLY!

First Name: _____ Last Name: _____

Social Security Number (Required) : _____

Address: _____

Telephone Number: _____ Email Address: _____

Fee: \$16.00 Paid by: Check [] Cash [] Visa [] MC []

If paying by check, please make checks payable to *RESNA* Check # _____

If paying by credit card, please provide the following:

Credit Card Number: _____

Expiration Date: _____ 3 Digit Code (on back of card) _____

Name on Card: _____

Billing Address of
Card: _____

I hereby verify that the information contained in this application is correct, and I have read and understand the learning objectives of this conference.

Signature: _____ Date: _____

Note: In order for your credits to be recorded by the International Association for Continuing Education and Training (IACET), your name and social security number **MUST** be written on this form. CEU files are maintained for seven years by social security number.

BEFORE SUBMITTING YOUR APPLICATION:

- *Have you filled out all of the above information?*
- *Have you enclosed this form, the certificate of completion, course evaluation, and a check (or provided payment information above) ?*

Individual CEU applications must be forwarded to the RESNA office within **15 working days** following the completion of the course along with payment. All checks should be made out to “RESNA”.