

CHEST RENEWAL LOG

Facility Payment

Trainer:

Facility:

First Name	Last Name	Title	Email	Phone #	Address	Expire Date	AHA ID	CEs Met	Payment

Payment Method: Check/money order (payable to the AHE). Allow 2-3 weeks for payment processing

	/			
Credit Card Number	Exp. Date	Visa	Mastercard	American Express
				<input style="width: 80px; height: 20px;" type="text"/> TOTAL PAYMENT
Name as appears on card	Signature			

Please fax registration form with credit card payments to 312-276-8015. **We cannot accept credit card payments via email.**

Payment is processed before the application is processed. **All fees are nonrefundable.** Renewal fees may be submitted up to one (1) year **before** certification expiration date. Applications postmarked/faxed up to 30 days **past** the expiration date incur a \$25 late fee: