

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1472513
Vendor Name: American Massage Therapy Assoc
Invoice Number: 218635/020221
Invoice Date: 02/02/21
PO Number:
Check Number: 0277226
Check Amount: \$ 100.00
Check Date: 03/09/2021
Department ID: 64005
Reviewer Name: Yvonne Bedford
Voucher Number: V0662574
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Bedford, Yvonne <bedford@cod.edu>
Sent: Tue Feb 23 18:37:50 CST 2021
To: invoicing@cod.edu
CC:
Subject: American Massage Therapy Assoc--Invoice Attached

Hello

Please pay the attached membership of \$100.00.

Vendor ID: 1472513

Charge to: 05-63-64005-5406002

Regards,

Yvonne Bedford

Yvonne Bedford
College of DuPage
Continuing Education
(630) 942-4194

[attachment: AMTA membership invoice 2122.pdf]



amta
american **massage therapy** association®

500 davis street, suite 900 | evanston, il 60201-4695 | phone 847.864.0123 | toll free 877.905.2700 | fax 847.864.1178

email: info@amtamassage.org | web: www.amtamassage.org

ID#: 218635

College of Dupage

425 Fawell Blvd

Continuing Education Dept.

Glen Ellyn, IL 60137-6708

APPROVED 03/02/21
RENEWAL NOTICE
DANIEL DEASY

Date: 2/2/2021

Membership	Renewal Through	Total
School	3/31/2022	\$100.00

Please visit www.amtamassage.org to view your continuing education and other AMTA benefits!

<p>Two easy ways to remit payment:</p> <p>Via Mail: AMTA</p> <p>500 Davis St Suite 900 Evanston IL 60201-4695</p> <p>Or Via Phone: 847-905-1674</p>	<p>By renewing my AMTA membership, I reaffirm that I agree to abide by AMTA's Bylaws and Code of Ethics. I understand that violation of the AMTA Bylaws or Code of Ethics may be grounds for termination of my membership. I also reaffirm the following representations:</p> <ol style="list-style-type: none">1. If I practice in a state which requires a license to practice massage therapy, I have a current, valid license.2. If I practice in a state which does not require a license to practice massage therapy, I have met all other state and/or local regulations, qualifications and requirements for practice in the state and/or locality in which I practice. <p>I have read the foregoing, and I represent that, to the best of my knowledge and belief, the above information is complete and accurate. I understand that if I have not answered fully and truthfully, I may be subject to disciplinary action up to and including termination of my membership in AMTA.</p>
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PLEASE DETACH AND REMIT WITH YOUR PAYMENT

ID#: 218635

College of Dupage

425 Fawell Blvd

Continuing Education Dept.

Glen Ellyn, IL 60137-6708

Total Due: \$100.00

Amt Remitted: _____

Home Phone: (630)942-2208

Fax:

Email: CE@cod.edu

Select Payment Method
<input type="checkbox"/> Check Enclosed Check # _____
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Card Provider Card# _____
Exp Date _____ / _____
Card Holder's Name _____
Card Holder's Signature _____

INVOICE REVIEWED

OKAY TO PAY

YVONNE BEDFORD 02/2