

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1472513

Vendor Name: American Massage Therapy Association

Invoice Number: 4819860

Invoice Date: 2/22/2022

PO Number:

Check Number: 0297202

Check Amount: \$ 100.00

Check Date: 03/15/2022

Voucher Number: V0729228

Document Type: AP Invoice

Document Below



American Massage Therapy Association[®]

500 Davis St., Ste 900, Evanston IL, 60201-4695

ID#: 218635

College of Dupage

425 Fawell Blvd

Continuing Education Dept.

Glen Ellyn, IL 60137-6708

Renewal Invoice

Invoice #: 4819860

Invoice Date: 2/22/2022

Payment Due By: 3/31/2022

Membership	Renewal Through	Total
Membership - School	3/31/2023	\$100.00
		\$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 School Membership 500 Davis St Suite 900 Evanston IL 60201-4695</p> <p>Or 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

Home Phone:

Fax:

Email: CE@cod.edu

Total Due: \$100.00

Amt Remitted: _____

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 ____/____/____	cvv# _____
Card Holder's Name _____	
Card Holder's Signature _____	

"McLaughlin, Ashley" <mclaughl@cod.edu>

Invoice to be paid

"McLaughlin, Ashley" <mclaughl@cod.edu>

Wed, Feb 23, 2022 at 04:49 PM GMT

CC: O'Shaughnessy, Patricia <oshaughnessyp@cod.edu>

BCC:

Hi there,

Attached in an invoice to be paid.

Vendor: 1472513

GL: 05-63-64005-5406002

Thanks,
Ashley

Ashley McLaughlin

Systems Coordinator

College of DuPage Continuing Education

Adult Basic Education/High School Equivalency/ English Language Acquisition

(630) 942-2209 | mclaughl@cod.edu | www.cod.edu/academics/conted/basic/

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1 attachment

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