

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1287225

Vendor Name: Professional Assist Corporatio

Invoice Number: 846572

Invoice Date: 07/26/18

PO Number:

Check Number: E0068519

Check Amount: \$ 150.00

Check Date: 08/01/2018

Department ID: 64005

Reviewer Name:

Voucher Number: V0521765

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

**AP VERIFIED****07/30/18 - BETHANY CRUSE**

CHANGE PASSWORD

LOG OUT

MAIN MENU

EMPLOYEES MENU

CONTACT US

EMPLOYEES

Welcome Yvonne!

**Voucher**

The invoice number has already been entered on a voucher for this vendor

Voucher Number V0521765  
Voucher Amount \$150.00  
Vendor ID and/or Name 1287225 Professional Assist Corporation

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000  
Voucher Date 07/26/18 Voucher Maintenance Date 07/26/18 Due Date 07/26/18  
Invoice Number 846572 Invoice Date 07/26/18  
Check/Transaction Number Paid Date

**Created from Document**

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
ABMP Enhanced School		1.000		150.0000	150.00	05-63-64005-5406002 Massage Therapy CE : Dues	846572			

**Comments**

Massage Therapy Program

Approval Date , Next Approval

OK

JUL 26 2018

CHANGE PASSWORD

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MAIN MENU

EMPLOYEES MENU

CONTACT US



# school membership renewal notice

# 1287225

Hello Patricia,

Your ABMP school membership expires on August 29, 2018. Renew today to avoid a lapse. Return this form or call 800-458-2267.

Member ID #: 846572

Membership Expiration Date: 8/29/2018



College of DuPage-Glen Ellyn  
Patricia O'Shaughnessy  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6599

## Please update contact information.

Phone (primary): (630)942-3818 ☒ Landline  
☐ Mobile  
Phone (secondary): please provide ☐ Landline  
☐ Mobile

Email: oshaughnessyp@cod.edu

Website: http://www.cod.edu/massagetherapy

Primary Contact: Patricia O'Shaughnessy

Membership Description	#	Price
ABMP Enhanced School Membership	1	\$150.00
Invoice # 846572 Date: 7-26-18		Total Due By 8/29/2018: \$150.00

## Additional Required Information

Please enclose copies of the following items:

- Current letter or certificate of approval from your state to operate as a training school.
- Any curriculum changes that have occurred in previous twelve months.

# 05-63-64005-5406002

APPROVED

*[Signature]*  
JUL 26 2018

## PAYMENT METHOD

Do Not Send Cash. A \$25 charge will be assessed on all returned checks. All fees paid to ABMP are nonrefundable once your application is accepted.

☐ Check/Money Order ☐ AMEX  
☐ Discover ☐ Visa/MasterCard

Cardholder's Name (required if different from applicant)

Cardholder Signature

Phone

Card Number

Expiration Date

CVV

On occasion, we rent mailing lists to qualified vendors who are interested in promoting their products and services to members. If you do not wish to receive these offers, please check here. ☐

Your signature is required

Practice/Service History: As a condition for membership and insurance coverage, by my signature/acknowledgement below, I also represent and warrant that (1) no malpractice or negligence allegation has ever been asserted against the school, its owners, or instructors, nor has there ever been any event or indication suggesting a claim may be made or that the school's care caused harm; (2) The school's owners or instructors have never been convicted of any violation of law other than a minor traffic offense; (3) no agency or association has investigated or taken any other action against the school, its owners, or instructors.

Membership Terms: Signature is required. Faxed, computer scanned signatures, and/or electronic acknowledgements are considered legal and binding. I consent to you providing me with Insurance Policy Documents electronically and understand that I may withdraw that consent at any time and request paper copies of my Insurance Policy Documents. I understand that membership fees paid by me to Associated Bodywork and Massage Professionals (ABMP) and/or its subsidiaries Associated Skin Care Professionals (ASCP), Associated Hair Professionals (AHP), and Associated Nails Professionals (ANP) are nonrefundable, nontransferable, and will not be prorated. If I also elected to become a member of any/all of our affiliated associations (ABMP/ASCP/AHP/ANP) my terms agreement applies to any/all of my selected organizations. I understand that magazine subscriptions that are part of my membership may include associated emails from the publisher, and I will have the opportunity to unsubscribe, but that I may continue to receive transactional and informational emails related to my subscription. I agree that the publisher is responsible for honoring my opt-out requests and not ABMP, ASCP, AHP, or ANP. I agree that all collection of my personal information, including my email address, will be governed by the ABMP Privacy Policy.

I have completed the ABMP/ASCP/AHP/ANP School Membership application honestly and accurately. I understand that ABMP/ASCP/AHP/ANP School Members are required to maintain the highest standards of professional conduct and strictly adhere to the ABMP/ASCP/AHP/ANP Codes of Ethics. I understand that the insurance coverage provided to me through my ABMP/ASCP/AHP/ANP membership is subject to all terms, conditions, and exclusions contained in that insurance policy. I understand that the insurance companies providing such coverage will rely on the information and representations made in this membership application. Failure to pay any membership dues will result in termination of membership and loss of insurance coverage. False statements or representations made in this application or subsequent communications may void this application and result in termination of membership and loss of insurance coverage.

I accept the terms of the application.

X

Authorized Representative Name and Title

Date

OVER →

## Contact Us

PO Box 1869  
Evergreen, CO 80437  
www.abmp.com  
expectmore@abmp.com  
p:800-458-2267  
f:800-667-8260

### **Additional Insured Endorsements**

If no information is printed below, our records indicate that you have not requested any additional insured endorsements to your policy.  
To change or add AIEs, call ABMP at 800-458-2267.

### **Current School Information**

Students Currently Enrolled

Hours in Main Program

Expected Students to Graduate this year

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### **Earn Referral Credits**

Earn \$20 referral credits for each student you refer. Referral credit given to school upon student upgrade to a Certified, Professional, or Practitioner level of membership.

Send me \_\_\_\_\_ Professional brochures to pass along.  
quantity

Send me \_\_\_\_\_ Student brochures to pass along.  
quantity