

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1287225
Vendor Name: Professional Assist Corporatio
Invoice Number: 846572
Invoice Date: 03/23/21
PO Number:
Check Number: E0084277
Check Amount: \$ 150.00
Check Date: 04/21/2021
Department ID: 64005
Reviewer Name: Yvonne Bedford
Voucher Number: V0666035
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Bedford, Yvonne <bedford@cod.edu>
Sent: Mon Mar 22 16:55:48 CDT 2021
To: invoicing@cod.edu
CC:
Subject: ABMP Invoice Attached

Please pay.



Account 05-63-64005-5406002

Thank you.

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

[attachment: abmp Massage Therapy Membership Renewal_signed.pdf]



school membership renewal notice

Hello Patricia,

Your ABMP school membership expires on September 13, 2020. Renew today to avoid a lapse. Return this form or call 800-458-2267.

Member ID #:846572

Membership Expiration Date: 9/13/2020



College of DuPage-Glen Ellyn

Patricia O'Shaughnessy

425 Fawell Blvd

Glen Ellyn, IL 60137-6599

APPROVED 04/19/21
DANIEL DEASY

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

Membership Description	#	Price
ABMP Enhanced School	1	\$150.00

Total Due By 9/13/2020: \$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.

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. I understand that no insurance coverage or membership is active until full payment is received. If payment is late, there is no guarantee that coverage or membership will be granted or provided retroactively back to the date of the application. 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.

Contact Us

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

Mark Curtis-Chavez

Digitally signed by Mark Curtis-Chavez
Date: 2021.03.15 12:40:39 -0500

3.17.2021

Date

OVER →

Authorized Representative Name: [Signature]

Ellen M. Roberts
Interim Vice President, Admin. Affairs
College of DuPage

INVOICE REVIEWED

OKAY TO PAY

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	_____

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