 

**Credit Card Payment Form   
Continuing Education**

For any questions or concerns regarding your payment, please contact the Education Coordinator at continuingeducation@acnm.org. Please allow 24 hours for your credit card to be processed and a receipt for payment.

**Application Information**

Application title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of program (days): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Application Fees***do not select if renewing*

**$250** Commercial/Profit-making corporations   
**$200** Non-profit organizational   
**$50** ACNM Affiliates or ACME-accredited midwifery programs  
**$75** x number of additional days  
(e.g. 3 day ACNM Affiliate fee $200)

**Renewal Fee**

**$150** Commercial/Profit-making corporations   
**$120** Non-profit organizational   
**$30** ACNM Affiliates or ACME-accredited midwifery programs

**Payment Information**

**Credit card type:**

**Visa Master Discover AmEx**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit Card Number EXP Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name on Card CVV (3 or 4 digits)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Total

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

**Billing Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City, State, Zip