NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS

[NRRTS]

Registrant Renewal Verification

Demographic Information *Note: BOTH Employer and Registrant signatures required!!*

Date Submitted _____ / _____ / _____ DMERC ❑ A ❑ B ❑ C ❑ D

Name _____ Preferred Mailing Address ❑ Business ❑ Home

Business Name _____

Business Address _____ City/State/Zip _____

Business Phone # _____ / _____ - _____ Ext.: _____ Business Fax # _____ / _____ - _____

Voice Mail _____ / _____ - _____ Ext.: _____ Toll Free _____ _____ / _____ - _____ Ext.: _____

Email Address _____ ❑ OK to Release for Publication

NEW!! Please tell us how you would like to receive future renewals: ❑ Email to me ❑ US Mail
Your new registration certificate will still be sent via US Mail.

Company Website www. _____

Home Address _____ City/State/Zip _____

Home Phone # _____ / _____ - _____ Home Fax # _____ / _____ - _____

Employment Verification

"The above named individual is employed by my company."

Date _____ / _____ / _____

Employer's Signature X _____

Company Name _____

Please Print Name / Title _____

Does the registrant have supervisory or management responsibility? ❑ Yes ❑ No

What % of his/her time is spent on patient care and service delivery? _____%

Tape Registrant's Business Card Here

Continuing Education Credits

❑ 10 Documented educational contact hours (1.0 CEU Continuing Education Unit) must pertain directly to the provision of complex rehabilitation or assistive technology products and services. Attach completed Application for CEUs form along with necessary supporting documents. Reference "Continuing Education Standards Quick Reference Guide" for additional clarification.

Registrant Fee & Payment

❑ $200.00 (If postmarked by due date) ❑ $50.00 90-Day Extension (NRRTS Approval Required)
❑ $75.00 Re-Instatement Fee ❑ CELA Consumer Advocacy Scholarship Fund Donation (❑ $50 ❑ $100 ❑ other $ _____)
❑ $30.00 Late Fee (Total $230.00 if not postmarked by due date)

Payment Check: ❑ Personal ❑ Company (Ck.# _____) Amount $ _____

Credit Card: I authorize NRRTS to charge my ❑ MasterCard ❑ VISA ❑ Amex ❑ Discover

Credit Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Exp ___ /___

3 or 4 Digit Security Code on back of card # __ __ __ __

Billing Address of Credit Card Statement _____

Print Name of Card Holder _____

Signature of Card Holder X _____

TOTAL AMOUNT OF CREDIT CARD CHARGE: $ _____

If you would prefer to provide this information verbally, call NRRTS at 800/976-7787 or 719/738-5770.

I re-affirm my agreement to abide by the Code of Ethics, Standards of Practice and Blind Bidding Policy of the National Registry of Rehabilitation Technology Suppliers. I certify that to the best of my knowledge the above information is true and accurate.

Registrant's Signature X _____ Date _____