

AMERICAN COLLEGE OF THERIOGENOLOGISTS APPLICANT FEES REMITTANCE FORM

This form should be completed and submitted to the ACT Office
with the appropriate fee(s) and other applicable materials by the required deadlines.

761 Tiger Oak Drive, Pike Road, AL 36064-3063
334.395.4666 * (fax) 334.270.3399 * www.theriogenology.org * ACT@franzmgt.com

****All materials sent to the ACT office should be sent with a tracking number & guaranteed delivery****

PART 1: Please provide current contact information.

Applicant Name

Applicant Contact Information (Preferred Mailing Address): _____ Is this a home or work address?

Department (if applicable)

Hospital/University (if applicable)

Address

Address 2

City State Zip COUNTRY

Work Phone

Home Phone

Fax

E-mail

PART 2: Please mark the boxes corresponding to the item(s) for which you are submitting payment.

- RESIDENCY PROGRAM REGISTRATION FEE: \$100.00** (Must be submitted with Trainee Registration Form by June 1 or December 1))
- MENTORSHIP PROGRAM REGISTRATION FEE: \$100.00** (Must be submitted with Mentorship Application by June 1 or December 1)
- APPLICATION FEE: \$275.00** (Must be submitted with Credentials Packet by December 1)
- RE-APPLICATION FEE: \$150.00** (Must be submitted with updated Credentials by December 1)
- EXAMINATION FEE: \$600.00** (Due by April 15 for candidates planning to take next scheduled examination)
- RE-EXAMINATION FEE: \$600.00** (Due by April 15 for candidates planning to re-take next scheduled examination)

TOTAL FEES: _____

PART 3: Please check method of payment. Funds must be in U.S. dollars – Checks must be drawn on a U.S. bank or MasterCard/VISA/DISCOVER/AMEX:

Check enclosed, payable to ACT Check Number: _____

MasterCard VISA DISCOVER AMEX

Card Number

Expiration Date

Security Code

Name on Card

Signature

ACT is not responsible for late, lost or misdirected mail, and we will not accept materials after the deadline for any reason without proof of guaranteed delivery.