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**Request for AST endorsement of an educational activity**

**Payment form for endorsement request fee**

**Title of activity:**

**Activity contact:**

**Date of endorsement request:** DATE, YR

**Amount of nonrefundable endorsement request fee:** $250.00 USD

**Please complete credit card information and return this form by fax (856-581-9604) or by mail. Do not scan/email this document as that is not a secure method of transferring credit card information.**

**Name on card:**

**Card #:**

**Expiration Date:**

**Signature:**

**Billing Address 1:**

**Billing Address 2:**

**Billing City and State:**

**Billing Zip/Postal Code:**

**Email Address:**

**If you are unable to pay with a credit card, a check is acceptable. Include a copy of this payment form with check and mail to:**

American Society of Transplantation

ATTN: Education Endorsements

1120 Route 73, Suite 200

Mount Laurel, NJ 08054

Please contact info@myAST.org or 856-439-9986 with questions.

**AST TAX ID # 42-1182936**

**OFFICE USE ONLY –**

**Miscellaneous Deposit Form to accounting**

**AST Endorsement: 3107-135-00-000**