



AMERICAN COLLEGE
of NURSE-MIDWIVES

Credit Card Payment Form

Continuing Education

For any questions or concerns regarding your, payment please contact our Continuing Education Coordinator at (240) 485-1801. 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 Chapters or Accredited Nurse Midwifery Programs

\$75 x number of additional days
(ex. 3 day ACNM Affiliate fee \$200)

Renewal Fee

\$150 Commercial/Profit- making corporations

\$120 Non-Profit Organizational

\$30 ACNM Chapters or Accredited Nurse 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