



National Board Review Group Payment Form

Unite. Empower. Support.

Please submit this completed form along with payment to education@adha.net or mail to 444 N. Michigan Ave. Suite 400, Chicago, IL 60611. If more space is needed to list all students, please attach an additional page.

School Information

YES / NO

Student Advisor Name Student Advisor Membership ID Are all students active members?

DH Program Name Contact Phone Number Contact Email

Student Information

	Student Name	ADHA ID #	Email
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Payment Information

Total Amount Due: _____ (____ Students x \$49 for active student members or \$125 for non-members)

Paying by Check

Check # _____

Paying by Credit Card

Type of Credit Card: Visa Mastercard American Express Discover

Credit Card Number

Name on card

Expiration Date

Questions? Please contact ADHA at education@adha.net or visit www.adha.org.