

## **Registration Form**

Name:				AAPI	. #	·	
Company:						-	
Address:						_	
City, ST ZIP:						_	
Phone:	E-mail:					_	
Exam Options			<u>Members</u>		Non-Members		
3 Day Review Only			\$500		\$600		
RPL 1 Day Review and Exam CPL 3 Day Review and Exam			\$300 \$450	Not	Eligible		
				Not	Eligible		
RPL Exam Only CPL Exam Only			\$100	Not	Eligible		
			\$125	Not	Eligible		
	<u>Payment</u>	Info	rmation				
REMIT CREDITCARD: AAPL	Account Type: [			MasterCard	AVIERICAN EXPRESS		DISC
800 Fournier Street Fort Worth, TX76102 <b>Fax</b> : (817) 546-6441	Credit Card #:						
REMIT CHECK: AAPL	Exp. Date:	p. Date:Card Security Code (CSC):					
P.O. Box 225395 Dallas, TX 75222-5395	Name on Card: _						
	Signature:						

| (817) 847-7700 |

**Call or E-mail Questions to:**