

## **Registration Form**

Name:				AAPL #	
Company:				_	
Address:					
City, ST ZIP:					
Phone:	E-mail:				
Exam Options		Members		Non-Members	
3 Day Review Only			\$470	□ \$570	
RPL 1 Day Review and Exam CPL 3 Day Review and Exam			\$250 \$420	Not Eligible Not Eligible	
RPL Exam Only			\$100	Not Eligible	
CPL Exam Only			\$125	Not Eligible	
	<u>Payment</u>	Info	<u>rmation</u>		
REMIT CREDITCARD: AAPL	Account Type:		VISA 🗆	Mastercard AMERICAN EXPRESS	DISC
800 Fournier Street Fort Worth, TX76102 <b>Fax</b> : (817) 546-6441	Credit Card #:				
REMIT CHECK:	Exp. Date:		Card S	Security Code (CSC):	
AAPL					
P.O. Box 225395 Dallas, TX 75222-5395	Name on Card: _				
	Signature:				

| (817) 847-7700 |

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