

Registration Form

| WORKING INTEREST |

Name: _____ AAPL # _____

Company: _____

Address: _____

City, ST ZIP: _____

Phone: _____ E-mail: _____

Registration Fee

- | | | |
|--------------------|--------------------------|-------|
| AAPL Member | <input type="checkbox"/> | \$300 |
| Non AAPL Member | <input type="checkbox"/> | \$425 |
| PLM/ERM Student | <input type="checkbox"/> | \$0 |
| Tuition Assistance | <input type="checkbox"/> | \$0 |

Payment Information

REMIT CREDITCARD:

AAPL

800 Fournier Street
Fort Worth, TX76102
Fax: (817) 546-6441

Account Type:    

Credit Card #: _____

Exp. Date: _____ Card Security Code (CSC): _____

REMIT CHECK:

AAPL

P.O. Box 225395
Dallas, TX 75222-5395

Name on Card: _____

Signature: _____

ATTENTION: If you are paying by check, please note that AAPL cannot process your registration until the check has cleared; this delays your registration process by at least 1 week. AAPL recommends that you pay by credit card whenever possible to ensure quick reservation and confirmation.

Call or E-mail Questions to:

| (817) 847-7700 |