

## **Registration Form**

Name:				AAPL # _		
Company:						
Address:						
City, ST ZIP:						
Phone:	E-mail:					
Exam Options		<u>Members</u>		Non-Men	<u>nbers</u>	
3 Day Review Only			\$500	□ \$6	00	
RPL 1 Day Review and Exam			\$300	Not Elig	jible	
CPL 3 Day Review and Exam			\$450	Not Elig	t Eligible	
RPL Exam Only			\$100	Not Elig	ible	
CPL Exam Only			\$125	125 Not Eligible		
	<u>Payment</u>	Info	rmation			
REMIT CREDITCARD: AAPL	Account Type: [			MasterCard	AMERICAN DISC EXPRESS	
800 Fournier Street Fort Worth, TX76102 <b>Fax</b> : (817) 546-6441	Credit Card #:					
REMIT CHECK:	Exp. Date:Card Se			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:**