

## **Registration Form**

Name:	AAPL #:
Company:	
Address:	
City, ST ZIP:	
Phone:	E-mail:
	Registration PricesMember\$0Non-Member\$60
	Payment Information
REMIT CREDITCARD: AAPL 800 Fournier Street	
Fort Worth, TX76102 Fax: (817) 546-6441	Credit Card #:
REMIT CHECK:	Exp. Date: Card Security Code (CSC):
<b>AAPL</b> P.O. Box 225395	Name on Card:
Dallas, TX 75222-5395	Signature:
as cleared; this delays your	g by check, please note that AAPL cannot process your registration until the che registration process by at least 1 week. AAPL recommends that you pay by cre nsure quick reservation and confirmation.