

► REGISTRATION FORM

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AAPL Member Webinar			
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Accredited Program Student			
Professional Development Assistan	ce*		
REGISTRANT INFORMATION			
NAME:		AAPL No.:	
COMPANY:			
ADDRESS:			
CITY, ST ZIP:			
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TYPE: VISA MASTERCA	RD AMEX	DISCOVER	Check No.
CREDIT CARD NO.:			
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QUESTIONS? CONTACT

800 Fournier St Fort Worth, TX 76102 (817) 847-7700 aapl@landman.org landman.org

your registration by up to one week. AAPL recommends paying with a credit card to ensure quick reservation and confirmation.

^{*}Please attach professional development assistance request.