

VISA OR MASTERCARD - CHECK ONE:

Making Great Communities Happen

## **CPC AICP Exam Study Manual Order Form**

\_\_ Mastercard \_\_\_\_\_

I AUTHORIZE THE AMERICAN PLANNING ASSOCIATION CALIFORNIA CHAPTER AND ITS AGENTS TO CHARGE TO MY CREDIT CARD THE FOLLOWING: (PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED.)

CREDIT CARD NUMBER	CVS#
EXPIRATION DATE	(3-DIGIT CODE ON BACK OF CARD)
EXPINATION DATE	
AMOUNT: \$1	5.00
PAYMENT FOR: CPC AIC	P Exam Study Manual CD
Mail payment to: AP email to <u>ategoresou</u>	A California, c/o ATEGO Resources, PO Box 214065, Sacramento, CA 95821 or ces@live.com.
Please scan a	and email your form to <a href="mailto:nhe2011@live.com">nhe2011@live.com</a> to expedite your order.
MY CREDIT CARD BILLING A	ADDRESS IS: Address must match that of the credit card billing address.
NAME (AS IT APPEARS ON	CARD)
COMPANY (IF APPLICABLE)	):
BILLING ADDRESS:	
	(Street Address and Zip-Code <u>must</u> be included)
Telephone Number:	E-Mail:
Print Signature Name	
Signature of Cardhold	er Date

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