

## Making Great Communities Happen

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

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.)

| VISA OR MASTERCARD – <u>CHECK</u>   | ONE: VISA                             | Mastercard _                        |                                  |
|---|---------------------------------------|-------------------------------------|----------------------------------|
| CREDIT CARD NUMBER  |                                       |                                     | CVS#                             |
| EXPIRATION DATE   |                                       |                                     | (3-DIGIT CODE ON BACK OF CARD)   |
| AMOUNT: \$15.00   |                                       |                                     |                                  |
| <b>PAYMENT FOR:</b> CPC AICP EX   | am Study Manual                       |                                     |                                  |
| Mail payment to: APA Cal  | lifornia, c/o ATE<br>06-1918 or email | GO Resources, PO Bo                 | x 1733, Elk Grove, CA 95759; fax |
| <ul> <li>Please scan and email your form to <a href="mailto:nhe2011@live.com">nhe2011@live.com</a> to expedite your order.</li> </ul> |                                       |                                     |                                  |
| MY CREDIT CARD BILLING ADDRESS IS: Address must match that of the credit card billing address.  |                                       |                                     |                                  |
| MY CREDIT CARD BILLING ADDRE  | ESS IS: <u>Address mu</u>             | <u>ust match that of the cre</u>    | dit card billing address.        |
| NAME (AS IT APPEARS ON CARD)  |                                       |                                     |                                  |
| COMPANY (IF APPLICABLE):  |                                       |                                     |                                  |
| BILLING ADDRESS:  |                                       |                                     |                                  |
|   | (Street Add                           | ress and Zip-Code <u>must</u> be in | ncluded)                         |
|   |                                       |                                     |                                  |
|   |                                       |                                     |                                  |
| Telephone Number:   |                                       | E-Mail:                             |                                  |
| Print Signature Name  |                                       |                                     |                                  |
| Signature of Cardholder   |                                       |                                     | Date                             |