



# American Health Planning Association

## Request for National Directory

| <b>Order Form</b>   |  |                           |
|---|--|---------------------------|
| <b>Edition</b> (if not specified will assume most recent)   | <b>Number of Copies</b><br>( @ \$125 per copy *) | <b>Amount Due</b>         |
| <b>2016</b>   |  |                           |
| <b>2012</b>   |  |                           |
| <b>Earlier Editions (Specify)</b>   |  |                           |
|   |  | <b>Total:</b><br>\$ _____ |
| <p><i>Mail this form with check (payable to AHPA) for the amount shown above to:</i><br/>           Dean Montgomery American Health Planning Association<br/>           3040 Williams Drive, Suite 200 Fairfax, Virginia 22031<br/>           Email to Dean Montgomery at: ahpanet@aol.com or info@ahpanet.org<br/>           Fax: 703-642-5077 (Please specify: Attention Dean Montgomery)</p> |  |                           |
| <p><i>We will send the copy (ies) to the address you provide below:</i></p>   |  |                           |
| <b>Name:</b>  |  |                           |
| <b>Title:</b>   |  |                           |
| <b>Organization:</b>  |  |                           |
| <b>Address:</b>   |  |                           |
| <b>City:</b>  |  |                           |
| <b>State:</b>   |  |                           |
| <b>Zipcode:</b>   |  |                           |
| <b>Phone:</b>   |  |                           |
| <b>Fax:</b>   |  |                           |
| <b>Email:</b>   |  |                           |
| <b>Federal Express #: (For Earliest Delivery )</b>  |  |                           |
| <i>*Discounts available for public interest use or multiple copies</i>  |  |                           |