



American Health Planning Association

Request for 2011 National Directory

Twenty-Second Edition

Order Form

	Number of Copies (@ \$125 per copy *)	Amount Due
<u>Format:</u> Traditional Paper Copy	# _____	\$ _____
Electronic Copy (PDF)	# _____	\$ _____

Mail this form with check (payable to AHPA) for the amount shown above to:

Dean Montgomery
 American Health Planning Association
 7245 Arlington Boulevard, Suite 300
 Falls Church, Virginia 22042
 Phone: 703-573-3103 Fax: 703-573-3103
 Email: ahpanet@aol.com

We will send the copy (ies) to the address/email you provide below:

Name:	
Title:	
Organization:	
Address:	
City:	
State:	
Zipcode:	
Phone:	
Fax:	
Email:	
Federal Express #: _____ (For Earliest Delivery of Paper Copies)	

**Discounts available for public interest use or multiple copies*