

PAS NON-SUBSCRIBER INQUIRY REQUEST FORM

CONTACT INFORMATION (please type or print clearly)

Name			Date		
Organization		Address			
City	State	Zip Code		Country	
Phone	Fax		E-mail		

REQUEST DETAIL (please type or print clearly)

<p><i>Please provide a description of your research request. Attach additional sheet if necessary.</i></p>

SERVICE OPTIONS

PAS Non-Subscriber Service	\$150.00 (flat fee per request)	\$150.00
Rush Service	\$50.00 (flat fee per request)	\$
	TOTAL CHARGE	\$

PAYMENT INFORMATION (please type or print clearly)

Visa	#	Exp. Date
Mastercard	#	Exp. Date
American Express	#	Exp. Date
<p><i>I understand that this credit card will be charged \$150 per request at the time this inquiry is placed. I also understand that my fee is non-refundable and expedited shipping costs are not included in this fee unless selected as a service option.</i></p>		
<p>_____</p> <p><i>Authorizing Signature</i></p>		

E-MAIL THE COMPLETED FORM TO pas@planning.org
 (OR FAX FORM TO 312-431-9985 ATTN: PAS)



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