APIC Product Order Form

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Quantity</th>
<th>Product Name</th>
<th>Member Price</th>
<th>Non-member Price</th>
<th>Total</th>
</tr>
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Standard Shipping and Handling

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<th>US &amp; CANADA</th>
<th>International</th>
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$200

SHIPPING AND HANDLING CHARGES

Shipping and handling charges apply to all products. Purchasers must add applicable shipping and handling charges to the total order amount to calculate the total amount due.

Please allow approximately 7-14 business days for delivery.

RUSH SHIPPING

Contact APIC Distribution Center for a quote.

SALES TAX

All purchases with a MA, MD, VA, or DC ship-to location must pay sales tax on their orders.

SEND COMPLETED FORM & PAYMENT TO:

APIC Distribution Center
P.O. Box 291
Annapolis Junction, MD 20701
USA

For International Orders: Orders that are shipped to countries outside of the United States may be subject to import taxes, customs duties and fees levied by the destination country. The recipient of an international shipment may be subject to such import taxes, customs duties and fees, which are levied once a shipment reaches your country. Additional charges for customs clearance must be borne by the recipient; we have no control over these charges and cannot predict what they may be.

Customs policies vary widely from country to country. Contact your local customs office for further information.

PLACE YOUR ORDER ONLINE!

Visit www.apic.org/store

Bulk discounts are available.
Visit www.apic.org/store to learn more.

All prices subject to change without notice.

TOTAL ORDER AMOUNT

DISCOUNT/ PROMO CODE (if applicable)

SHIPPING AND HANDLING

SALES TAX* (MA 6.25%, MD 6%, DC 6%, VA 5%)

TOTAL AMOUNT DUE

PAYMENT METHOD

☐ VISA ☐ MasterCard ☐ AmEx ☐ CHECK**

** Please make payable to APIC. Checks must be in US funds

Credit Card # ____________________________

Name on Card ____________________________ Exp. Date _________

Signature of Authorized Purchaser ____________________________

☐ APIC Member ID# ____________________________ ☐ Not an APIC Member

Note: Please provide your Member ID # to receive member prices

BILLING ADDRESS ☐ Check if shipping address is the same as billing address

Name: ____________________________

Organization: ____________________________

Address: ____________________________

City: ____________________________ State: ______ Zip: ____________ Country: ____________

Phone: ____________________________ FAX: __________________

Email: ____________________________

SHIPPING ADDRESS (We cannot deliver to P.O. boxes.)

This address is: ☐ Business ☐ Residence

Name: ____________________________

Organization: ____________________________

Address: ____________________________

City: ____________________________ State: ______ Zip: ____________ Country: ____________

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