



IARP • 1000 Westgate Drive, Suite 252 St. Paul, MN 55114 Phone: 888-427-7722 • 651-379-7290 www.rehabpro.org

IARP Members

IALCP Journal of Life Care Planning

[ ] 4 printed editions, \$80

[ ] Single Issue, \$25

Volume \_\_\_\_\_ Number \_\_\_\_\_

The Rehabilitation Professional

[ ] 4 printed editions, \$80

[ ] Single Issue, \$25

Volume \_\_\_\_\_ Number \_\_\_\_\_

Non-Members

IALCP Journal of Life Care Planning

[ ] 4 printed editions, \$140

[ ] Single Issue, \$40

Volume \_\_\_\_\_ Number \_\_\_\_\_

The Rehabilitation Professional

[ ] 4 printed editions, \$140

[ ] Single Issue, \$40

Volume \_\_\_\_\_ Number \_\_\_\_\_

Single-Article Reprints

[ ] Reproduce single article to publish in another publication or for other purposes

Members \$15, Non-Members \$25

Volume \_\_\_\_\_ Number \_\_\_\_\_ Title \_\_\_\_\_

Membership status will be confirmed as of the date this order is received.

Postage included in all amounts.

Date \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Payment Method

[ ] Check (payable to IARP) [ ] Visa [ ] MasterCard [ ] AMEX

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder Name (printed) \_\_\_\_\_

Send Form To: IARP 1000 Westgate Drive, Suite 252 St. Paul, MN 55114 651-379-7290

Per PCI Compliance standards, this form will not be accepted via email. Please mail or fax your form.

(For office use only)

Table with 2 columns: initials, fin. and rows: date, CK/CC, amt. paid, bal. due

