



ATP Brochures Order Form

Name: _____

Shipping Address: _____

Phone #: _____

E-mail: _____

Brochures available (in batches of 100):

_____ **Getting the Quality Assistive Technology Care You Deserve**
(consumer focus, choosing an ATP to provide quality service)

Quantity needed: _____

_____ **RESNA Assistive Technology Professional Certification**
(what it means to be ATP certified)

Quantity needed: _____

Total: \$30 per 100: _____

- Check enclosed**
- Credit Card (Mastercard and Visa only)**

Credit card #: _____

Exp: date _____ **3-digit security code:** _____

Name on card: _____

Signature: _____

Mail or fax this form to
RESNA Attn: Certification
1560 Wilson Blvd,
Suite 850
Arlington, VA 22209
FAX: 703-524-6630