



RESNA MEMBER Brochures Order Form Name:

Shipping Address: _____

Phone #: _____

E-mail: _____

Brochure available (in batches of 100):

_____ **Getting the RESNA Membership (consumer focus, choosing to provide quality service)**

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**