

NATSAP 2015-2016 Directory Order Form

To order a copy of the 2015-2016 Directory, please complete the form below and mail or FAX your order, with your check or credit card information for shipping and handling, to NATSAP, Inc.

First/Last Name: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please indicate your profession:

- | | |
|---|---|
| <input type="checkbox"/> Educational Consultant | <input type="checkbox"/> Licensed Counselor |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Licensed Therapist |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> College/University Professor |
| <input type="checkbox"/> NATSAP Member | <input type="checkbox"/> Alumnus |
| <input type="checkbox"/> Program Staff Member | <input type="checkbox"/> Student |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other _____ (please specify) |

Please select your NATSAP Membership Status:

- NATSAP Member (Staff of Member Program or Individual Professional)
 Non-Member

Shipping and handling charges

(We ship via United States Postal Service.)

- Single Copy (Media Mail)..... \$-0- (complimentary)
2 directories (Priority Mail)..... \$5.00
3 to 15 directories (Priority Mail)..... \$10.00
16 to 30 directories (Priority Mail)..... \$20.00
31 or morecontact the NATSAP office

Number of Copies Requested: _____ Total Shipping Charges (see above):\$ _____
(Media Mail: Allow 7 to 10 days for delivery, Priority Mail: Allow 3 to 5 days for delivery)

Payment

(This form also serves as your invoice and payment is due once you FAX your request.)

- Check Enclosed
 Credit Card Number _____ Exp Date: _____ CVC: _____

Please return completed form and payment to:

Fax: (301) 986-8772 • Email: info@natsap.org
NATSAP, 5272 River Road, Ste 600, Bethesda, MD 20816
Questions? Call (301) 986-8770