

Subscribe to APA's Planning Advisory Service

Primary Contact Information:

Jurisdiction or Company Name

Primary Contact Name:

Address

City/State/Zip

Email Address

Phone Number

Fax Number

Payment Information:

Check payable to APA enclosed

American Express MasterCard Visa

Purchase order (send an invoice)

Credit card number

Exp. Date

Cardholder name

Signature

Billing address (if different from above)

City/State/ZIP

SIVY



American Planning Association

Making Great Communities Happen

American Planning Association

Payment Center

97774 Eagle Way

Chicago, IL 60678

Customer service: 312-786-6703

Fax: 312-786-6700

subscriptions@planning.org

Choose the Appropriate Category:

Municipal

Cities, towns, villages, and tribal governments

POPULATION	PRICE	
<25K	\$795	<input type="checkbox"/>
25K-99,999	\$845	<input type="checkbox"/>
100K-249,999	\$895	<input type="checkbox"/>
250K-750K	\$945	<input type="checkbox"/>
>750K	\$995	<input type="checkbox"/>

Areawide

City/county, county, COG, RPA, MPO

POPULATION	PRICE	
<100K	\$895	<input type="checkbox"/>
100K-249,999	\$945	<input type="checkbox"/>
250K-499,999	\$995	<input type="checkbox"/>
500K-1M	\$1045	<input type="checkbox"/>
>1M	\$1095	<input type="checkbox"/>

State and Federal

PRICE

\$995

Nonprofit

Fees are based on total annual budget.

ANNUAL BUDGET	PRICE	
<\$1M	\$695	<input type="checkbox"/>
\$1M-\$10M	\$795	<input type="checkbox"/>
>\$10 M	\$895	<input type="checkbox"/>

Private Firms

Fees are based on the total number of staff at the subscribing location.

TOTAL STAFF	PRICE	
<5	\$845	<input type="checkbox"/>
5-50	\$945	<input type="checkbox"/>
>50	\$1095	<input type="checkbox"/>

Public and University Libraries

PRICE

\$695

Note: Library subscriptions do not include the Inquiry Answer Service or Essential PAS Info Packets.

Your subscription includes access to PAS resources for everyone in the office!*

A PAS subscription works for everyone in your office. Tell us who should have access to PAS resources below (attach a separate sheet if necessary). Each month, we'll send everyone *This Month @ PAS* to let them know about the latest PAS resources. Everyone can access any PAS resources whenever they need information.

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

Name	APA ID (if applicable)	Phone number	E-mail address
------	------------------------	--------------	----------------

I verify that the employees listed here work at the subscribing location or in the subscribing department.

PAS subscribers save 50% on past PAS reports! Fill out order form below.

See www.planning.org/pas for a complete list of reports.

PAS #	Title	Subscriber price
-------	-------	------------------

PAS #	Title	Subscriber price
-------	-------	------------------

PAS #	Title	Subscriber price
-------	-------	------------------

PAS #	Title	Subscriber price
-------	-------	------------------

Total _____