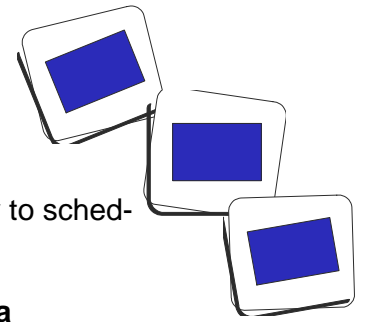


APS Slide Program Request Form

Please complete sections 1 - 4 below:



1 List below your planned showing dates, as well as desired titles in order of preference. List enough titles so that there are several alternates. We will first try to schedule titles in the order listed (matching first dates with first titles listed); however, if program availability does not allow for this, we will "mix and match" dates and programs in an effort to schedule as many of them as possible. **Note: If you want a specific program title for a particular date** (for example, to plan a "theme" meeting), use the space provided below to indicate this, and we will make every effort to accommodate you.

**** Please list one or more alternate titles in case your first choices are not available. ****

Viewing Dates:

Program Titles Desired:

(List program numbers in order of preference)

_____	1 _____	9 _____
_____	2 _____	10 _____
_____	3 _____	11 _____
_____	4 _____	12 _____
_____	5 _____	13 _____
_____	6 _____	14 _____
_____	7 _____	15 _____
_____	8 _____	16 _____

~ Use this space to request particular program titles for particular meeting dates: _____

2 Total number of programs to be scheduled: _____

3 Check one of the following:

_____ Fee of \$8.50 per program is enclosed. (Check/money order to **APS**.)

_____ programs x \$8.50 per program = \$ _____ total

_____ Bill me at the address below.

_____ Charge my credit card as follows: VISA/ MC _____ CARD # _____

NAME _____ EXP DATE ____ - ____

4 Name of Chapter _____

Name of Requester _____

Requester's APS No. _____ Daytime Phone _____

Mailing Address _____



Send completed form to: APS, 100 Match Factory Place, Bellefonte, PA 16823
(or call 814-933-3803, ext. 209)