



American Planning Association
Pennsylvania Chapter

Making Great Communities Happen

**Lending Library
 Agreement &
 Order Form**

LENDING LIBRARY AGREEMENT:

I, (print name) _____, agree to borrow:

First Choice CD Name: _____

Second Choice CD Name: _____

I agree to borrow the CD for a maximum of five (5) business days. Only one CD may be borrowed at a time. I plan to use the CD from _____ (start date) to _____ (end date).

I agree to return the CD in good condition in its original case. If I fail to return the CD, or fail to return it in good condition in its original case, I will be charged a replacement fee of \$115.00.

I agree to furnish the PA Chapter of the APA with a list of those individuals who have used and viewed these materials. This information will assist the Chapter in evaluating this form of education. It is also required for anyone seeking AICP Certification Maintenance credits.

I also agree to complete the evaluation form per APA’s requirements. Per the licensing agreement to claim Certification Maintenance (“CM”) credit for use of the Training Products, every AICP member must report their use of the Training Products into such AICP member’s online CM log & complete a sign-in and evaluation form at the following URL: <http://survey.planning.org/cdeval.htm>.

Signature: _____

Date: _____

LENDING LIBRARY PROCESSING FEES:

The processing fee for PA Chapter of APA members is \$10.00 for each CD.

The processing fee for non-members is \$20.00 per CD.

HOW TO ORDER:

- Send signed agreement with a completed order form and payment to the PA Chapter of APA offices.
- If paying by check, enclose check payable to PA Chapter of the APA and mail to the address on the order form.
- Credit card orders may be faxed to the Chapter at 717-545-9247.

PA Chapter of APA Lending Library Order Form

MAIL CD TO:

First and Last Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

METHOD OF PAYMENT:

Total Payment Due: \$ _____

Check enclosed: Make payable to PA Chapter of APA

Visa MasterCard Discover AMEX

Credit Card # _____ Expiration Date _____

3-digit CVV2 code from the back of your card _____

Billing Address (if different from above):

Address: _____

City, State, Zip _____

Cardholder Signature _____

Return completed form with payment to:

PA Chapter of APA
587 James Drive
Harrisburg, PA 17112-2273
Fax: 717-545-9247

Questions?

Contact the Chapter Office at
717-671-4510
info@planningpa.org