

# order materials



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Please send me information on CAI's credentials program and education courses.

## INDIVIDUAL CREDENTIALS BROCHURES

**Member price:** \$.45 each (\$.36 each for 100 copies or more)

**Non-Member price:** \$.75 each (\$.60 each for 100 copies or more)

**NOTE:** Please add \$8 shipping for orders over 100.

	QUANTITY		PRICE EACH		SUBTOTAL
<input type="checkbox"/> AMS	_____	x	_____	=	_____
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<input type="checkbox"/> PCAM	_____	x	_____	=	_____
<input type="checkbox"/> AAMC	_____	x	_____	=	_____
<input type="checkbox"/> RS	_____	x	_____	=	_____
<input type="checkbox"/> CIRMS	_____	x	_____	=	_____
			<b>SUBTOTAL \$</b>		_____

## LAPEL PINS

	QUANTITY		PRICE EACH		SUBTOTAL
<input type="checkbox"/> AMS	_____	x	\$17.50	=	_____
<input type="checkbox"/> LSM	_____	x	\$35.00	=	_____
<input type="checkbox"/> PCAM	_____	x	\$30.00	=	_____
<input type="checkbox"/> RS	_____	x	\$35.00	=	_____
<input type="checkbox"/> CIRMS	_____	x	\$35.00	=	_____
			<b>SUBTOTAL \$</b>		_____

**SHIPPING FLAT RATE (PLEASE APPLY TO BROCHURE ORDERS  
OVER 100 OR ANY LAPEL PIN ORDER) \$ 8**

**TOTAL PAYMENT ENCLOSED \$** \_\_\_\_\_

## FREE PROMOTIONAL BROCHURES

These brochures include testimonials about the value and professionalism of the credential and summarizes the course work and requirements needed to earn and maintain the credential. Digital versions may be downloaded online at [www.caionline.org/your-credential](http://www.caionline.org/your-credential). Full-color, printed brochures are also available at no charge (shipping charges may apply for large quantities.)

	QUANTITY
<input type="checkbox"/> AMS ( <i>Professional Distinction</i> )	_____
<input type="checkbox"/> PCAM ( <i>Best in Class</i> )	_____
<input type="checkbox"/> AAMC ( <i>Above the Rest</i> )	_____

**Send completed order form with payment to CAI:**

### MAIL

6402 Arlington Blvd., Suite 500  
Falls Church, VA 22042

### CALL OR E-MAIL

CAI Customer Service at (888) 224-4321 or  
[payments@caionline.org](mailto:payments@caionline.org) (credit cards only)

## PAYMENT

Check # \_\_\_\_\_ enclosed, made payable to CAI  Visa  MasterCard  American Express  Discover

CARD# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

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SIGNATURE \_\_\_\_\_