



AUA UPDATE SERIES

VOLUME 39 | 2020

2020 U.S. AND CANADIAN RESIDENCY PROGRAM ORDER FORM

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CARDHOLDER'S NAME	CARDHOLDER'S SIGNATURE (REQUIRED FOR CHARGE ORDERS SENT BY FAX)

Format Options	# of Residents	Member Resident**	Non-member Resident**	Total (# of Residents x price)
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