



**Standards of Practice
For Life Care Planners
3rd Edition**

ORDER FORM

Please send _____ quantity @ \$15 each _____ TOTAL\$ _____

Name _____

Organization _____

Mailing Address _____

Street Address (if different) _____

City _____ State/Province _____ Zip/Mail Code _____

Phone: _____ Email: _____

Payment Method

☐ Check (payable to IARP)

☐ Visa ☐ MasterCard ☐ AMEX

Card Number

Expiration Date

Signature

Cardholder Name

Return to: IARP
1000 Westgate Drive, #252
St. Paul, MN 55114

You also may order online at IARP CONNECT through your personal account