

## Request for Duplicate Certificate/Card

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

### Certificates

I am requesting a duplicate certificate for my:

CATC     CATC-i     CCS     CATE     COD

Institutional/Organizational Membership

CAADE Conference CEUs    Year: \_\_\_\_\_

No. of Copies:     1     2     3

### Cards

I am requesting a duplicate card for my:

CATC     CATC-i     Student Registration     Individual Registration

CAADE Membership

No. of copies:     1     2     3    Other: \_\_\_\_\_

### Fees

CEU Certificates: **\$15 each**

CATC Certificates: **\$15 each**

Specialty Certificates: **\$15 each**

Cards: **\$15 each**

If you pay by credit card or PayPal online, include a copy of your receipt with your application. Please make personal checks/money orders payable to "CAADE".

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Please Do Not Write Below This Line - Office Use Only