



CGAPA Name Tag Order Form

Chapter or State:

If "other", please specify:

Name (exactly as you want it printed):

Cadet's First Name:

Your Cadet's class **or specify if "other"**

Name and address

Telephone number:

Fax number:

E-mail address:

Additional comments? (optional)

Please print this form and mail it along with your check for \$13 per name tag ordered (payable to C&P Chapter, CGAPA) to:

CGAPA Name Tag Orders
c/o Victoria Piantedosi
12708 Kettering Drive
Herndon, VA 20171

If you have any name tag questions, please email Victoria.Piantedosi@cgapa.org or contact her by phone at 703 620 0026