ORDER FORM
Transportation Plans and Sponsorships

STEP 1. Choose the products to order.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>@</td>
<td>$25.00</td>
<td>Portland Bicycle Plan for 2030 (includes Recommended Bikeway Map and Supplemental Appendix D)</td>
</tr>
<tr>
<td>@</td>
<td>$2.50</td>
<td>Portland Bicycle Plan for 2030 Recommended Bikeway Network Map (map only)</td>
</tr>
<tr>
<td>@</td>
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<td>Portland Bicycle Plan for 2030 Supplemental Appendix D only (Bikeway Facility Design: Survey of Best Practices)</td>
</tr>
<tr>
<td>@</td>
<td>$15.00</td>
<td>Portland Pedestrian Master Plan (1998)</td>
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<td>@</td>
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<td>Portland Pedestrian Design Guide (1998)</td>
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<td>Portland Freight Master Plan</td>
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<td>@</td>
<td>$400.00</td>
<td>Portland Wayfinding Sponsorship</td>
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<td>$15.00</td>
<td>Portland Pedestrian Design Guide (1998)</td>
</tr>
</tbody>
</table>

TOTAL PAYMENT AMOUNT

STEP 2. Choose a will call or shipping option.

_____ I will call for my document(s) at the Portland Bureau of Transportation (1120 SW Fifth Avenue, Suite 800, 8th floor, Portland, Oregon; your documents will be filed under your name in Will Call)

OR

_____ Please mail my documents to me at this address:

Name _____________________________
Address____________________________
City_____________________state______
Zip_______________________________

STEP 3. Choose a payment option.

Payment may be made in person, by mail, or by fax.

_____ In person (cash, check, Visa or Mastercard accepted at the first floor Portland Parks & Recreation Customer Service Center, 1120 SW Fifth Avenue, Portland)

_____ By mail (checks, Visa or Mastercard accepted; please mail completed form with your check or credit card information to: PP&R Customer Service Center, 1120 SW Fifth Avenue, Suite 1302, Portland, OR, 97204)

_____ By fax (Visa or Mastercard only; please fax form with credit card information to 503-823-2515)

Card number _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ _ _
Expiration date _____/_____
Name on card______________________________
Address __________________________________
City, state, zip ____________________________

Your daytime telephone number, should we need to contact you about this order:

__________________________________________