



Registration Form - ARE 5.0 Session 1: Feb 11 - April 29, 2017

Please complete form and return by **February 7th** to info@aiacv.org

Class Dates:

Project Planning & Design: 2/11, 2/18, 2/25, 3/4, **3/12 testing week, 3/19 break**

Project Development & Documentation: 3/25, 4/1, 4/8, 4/15, 4/22, **4/29 testing week, Session 1 concludes**

Student Name (First, Last) _____

I am an AIA Member: Yes _____, AIA # _____, No _____

E-Mail Address _____

Phone _____

Firm _____

Member rate - \$195.00

Non- member rate - \$300

Payment made by: Cash Check Visa MasterCard

If paying by credit card,
please provide the following information:

Name as it appears on card

Credit Card Number
(please print legibly)

Expiration Date /

Billing Zip Code

Card Sec Code

Amount you authorize AIACV to deduct from credit card \$

Signature

Date
