

SUSTAINABLE DELAWARE | 2011

NEW DESIGN FOR THE NEW CLIMATE: LAND USE PATTERNS, EFFICIENCY, RENEWABLES

October 20th Seminar - Registration Form

ADDITIONAL INFORMATION

The Seminar Fee includes breaks and post-event reception.
The optional buffet lunch is an additional cost.

1. Registrations will be accepted on a first come, first served basis. A separate form is required for each registrant.
2. To the extent that continuing education learning units will be offered, you will not be eligible to receive credit for them without submitting a completed registration form and payment.
3. Registration forms received without payment will not be processed.
4. Cancellation requests must be received in writing no later than October 10, 2011. A cancellation fee of \$10 will apply. Refunds will not be given for cancellations received after October 10, 2011.
5. All Registration Substitutions must be submitted to AIA Delaware in writing.

WHAT ELSE SHOULD I KNOW?

AIA Delaware reserves the right, in its sole discretion, to cancel this seminar. In that event, AIA Delaware shall refund to you all registration fees that it has received from you for this event but shall have no further obligation to you of any type, whether monetary or otherwise. Accordingly, AIA Delaware shall in no event have any liability to you based on claims for indirect, special, or consequential damages of any type whatsoever and shall have no other obligation to you of any type except as expressly stated in the preceding sentence.

SEND WITH PAYMENT TO:

AIA DELAWARE
300 N. MARKET STREET
BUILDING 3, SUITE 7
WILMINGTON, DE 19801

FAX: (302) 654-9817

EMAIL: director@aiadelaware.org

REGISTRATION INFORMATION

Name _____

Company _____

Address _____

City _____ ST _____ ZIP _____

Phone: _____

E-mail: _____

REGISTRATION FEE:

____ Seminar \$35.00
____ Buffet Lunch \$15.00

TOTAL ENCLOSED \$ _____

METHOD OF PAYMENT:

- A) Check made payable to "AIA Delaware" _____
B) Credit Card:

Type: Visa ____ MasterCard ____ Corp. Card? Yes / No

Card No.: _____

Expiration Date: ____ / ____ (mm/yy)

CVV/Security Code: ____ Card Billing ZIP Code _____

Name on Card: _____

Authorized Signature (required) Date _____