AIA

Course Title: _____ PROV #: _____ Provider Name: _____

COURSE #: _____ Name of Presenter: _____ Course Date: _____ City/ST: _____

Participants at this course: (Please print)

MEMBER NUMBER	PARTICIPANT NAME	SIGNATURE	EMAIL ADDRESS *Please print clearly	Certificate Request

Provider will submit attendance within **10 business days.** Retain all attendance information for three years; electronic or paper