

AIA ORANGE COUNTY Lecture and Seminar Reservation Form

Seminar: _____

Lecture/Seminar Date: _____

Please make reservations for the above-noted event for the following people:
(please include the name of each attendee, and their AIA member level when applicable)

Name:	AIA Member Level (AIA, Assoc. AIA, Affiliate):	Member #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT INFORMATION:

My check is enclosed _____

Please bill my credit card (Mastercard and Visa only):

CC# _____ Exp. Date: _____

No. of members: _____ @ \$ _____ each, = \$ _____

No. of non-members _____ @ \$ _____ each, = \$ _____

Grand total: \$ _____

Signature to authorize credit card charge: _____

CONTACT INFORMATION

Please complete all of the contact information, including phone number, and where you wish receipts to be mailed, and reservation confirmations to be e-mailed:

Name: _____

Firm: _____

Street: _____

City, State, Zip _____

Phone number: _____

E-mail: _____

E-mail this form to: info@aiaoc.org
Fax this form to: 949-675-8256
Mail this form to: AIAOC Lifelong Learning
AIA Orange County
3000 Newport Blvd.
Newport Beach, CA 92663