

Continuing Education Attendance Verification Form

Instructions

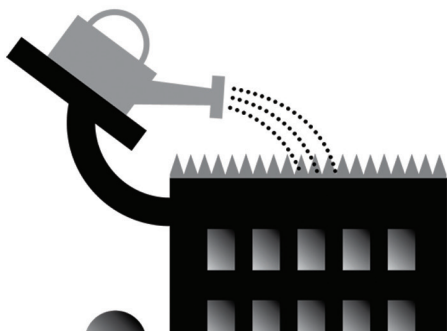
AIA members must complete and sign Conference Participation Form C-1 in order to receive credit for attending the Convention continuing education programs. You must attend an entire session in order to receive credit.

- *Fill in your name, AIA member number and phone number.
- *Mark “yes” for the programs you attended.
- *Sign the form on the bottom of each page.
- *Choose up to 4 programs you attended and complete the Program Evaluation form on the back for each.
- *Return to AIA Minnesota registration table.

Questions?

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Phone 612-338-6763; Fax 612-338-7981

AIA Minnesota
275 Market Street, Suite 54
Minneapolis, MN 55405



Beyond Convention

76th Annual Convention & Exposition

November 2, 3, 4, 5, 2010

Minneapolis Convention Center

AIA/CES Conference Program Participation Form C-1

Provider Name: AIA Minnesota

Conference Number: 10C

Provider Number: A025

Program Dates: November 2-5, 2010

Program Location: Minneapolis, Minnesota



Sessions on this form have been registered with the AIA/CES Records. Attendance will be reported to AIA/CES Records on your behalf by AIA Minnesota. Your signature on the bottom of the page is required for processing. Do not send this form to CES Records. Return to Convention registration desk or mail or fax to AIA Minnesota office.

Participant Name _____

AIA # _____

PHONE _____

Attended	Session #	Program Title	LU Hours	HSW	Sustainable Design
TUESDAY					
Yes <input type="checkbox"/> No <input type="checkbox"/>	T02	2D/3D Visualization Workshop	2.75	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	T03	Sustainability, Efficiency & Honey Bees	2.75	Yes	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	T04	The 2010 FGI Acoustical Guidelines	1.25	Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	T05	Disaster Resistant Affordable Housing	1.25	Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	T06	Critical Considerations for Wayfinding Design	1.00	Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	T07	Humanitarian Issues Through Design Solutions	1.00	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	T09	Out of Practice	1.25	No	No
WEDNESDAY					
Yes <input type="checkbox"/> No <input type="checkbox"/>	W11	Architect-Led Design-Build and IPD	1.75	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W12	Lessons from the Edge: Rebuilding Detroit	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W13	Emerging Building Technologies for On-site Energy	1.25	Yes	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	W14	Maximizing Your Business Development ROI	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W15	(Re)Learning to Collaborate	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W16	Innovation in Arch.: Design/Manufacturing/IPD	1.00	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W17	Creating a Market-rate Zero Carbon Office Building	1.00	Yes	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	W18	Challenges/Opportunities in a Recovering Economy	1.00	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W19	Taking Your Marketing Off-Road	1.00	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W20	Growth by Hiring: happily ever after	1.00	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W22	Manufacturing, Materials, and Making: The Midwest	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W23	Solid State Lighting – Perspectives on LEDs	1.25	Yes	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	W24	Composite Wood Products: Toxic Substances Act	1.25	Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W25	Multi-Level Marketing: Other Business Models	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W26	Integrating Design Leadership/Project Management	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	W28	Somewhere in Between	1.25	No	No

I hereby certify that the above information is true and accurate to the best of my knowledge and that I have complied with the AIA Continuing Education Guidelines for the reported activities.

Signature _____

Date _____

AIA/CES Conference Program Participation Form C-1

Provider Name: AIA Minnesota

Conference Number: 10C

Provider Number: A025

Program Dates: November 2-5, 2010

Program Location: Minneapolis, Minnesota



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Participant Name _____

AIA # _____ **PHONE** _____

Attended	Session #	Program Title	LU Hours	HSW	Sustainable Design
THURSDAY					
Yes <input type="checkbox"/> No <input type="checkbox"/>	H30	Fabric Structures – Efficient & Sustainable Solutions	1.75	Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H31	Openings Coordination: Managing Primary Elements	1.75	Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H32	The Artful Presence	1.75	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H33	A Passive House and LEED Approach to Net Zero	1.25	Yes	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	H34	Best Laid Plans: Business Planning for Small Firms	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H35	School of One: Transforming the American Classroom	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H36	Building Air Tightness Verification and Diagnostics	1.25	Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H37	Walking the Green Walk: Sustainability at Home	1.25	Yes	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	H38	Design Firm Strategies Emerging/Economic Downturn	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H39	The Marriage of Tradition and Innovation in Worship	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H41	Jurors Show and Tell	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H42	Promoting Two-Way Mentoring to Use BIM Effectively	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H43	The Light of Worship	1.25	Yes	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	H45	Allocating and Insuring Risks in IPD	1.00	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	H46	The Sound of Worship	1.00	No	No
FRIDAY					
Yes <input type="checkbox"/> No <input type="checkbox"/>	F49	An IFRAA Bus Tour	4.00	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	F50	Lessons from History: Ethical Leadership Challenges	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	F51	The Union Depot: Transit in a Historic Rail Station	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	F52	Solar Ready Building Guidelines	1.25	Yes	Yes
Yes <input type="checkbox"/> No <input type="checkbox"/>	F53	EPA Act Energy Tax Benefits for Architects	1.25	Yes	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	F54	3 x 3: Building a Network of Mentors	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	F55	Construction History: An Integrative Approach	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	F56	LEED Professional Credentials	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	F57	The Alliance/A University District Partnership	1.25	No	No
Yes <input type="checkbox"/> No <input type="checkbox"/>	F58	Keynote Address: The Leading Edge	1.25	No	No

I hereby certify that the above information is true and accurate to the best of my knowledge and that I have complied with the AIA Continuing Education Guidelines for the reported activities.

Signature _____ **Date** _____

Don't forget the evaluation forms on the next page!

PROGRAM EVALUATION

Choose up to four programs that you attended.

Fill in the name and/or Event number and complete the evaluation for each.

Program Name: _____ **Event #** _____

		poor			excellent	
		1	2	3	4	5
1.	What is your overall evaluation of the program?					
2.	How well was the subject matter covered?					
3.	Did the program satisfy your expectations?					
4.	What is your overall evaluation of the speaker(s)?					
5.	Other comments: _____					

Program Name: _____ **Event #** _____

		poor			excellent	
		1	2	3	4	5
1.	What is your overall evaluation of the program?					
2.	How well was the subject matter covered?					
3.	Did the program satisfy your expectations?					
4.	What is your overall evaluation of the speaker(s)?					
5.	Other comments: _____					

Program Name: _____ **Event #** _____

		poor			excellent	
		1	2	3	4	5
1.	What is your overall evaluation of the program?					
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Program Name: _____ **Event #** _____

		poor			excellent	
		1	2	3	4	5
1.	What is your overall evaluation of the program?					
2.	How well was the subject matter covered?					
3.	Did the program satisfy your expectations?					
4.	What is your overall evaluation of the speaker(s)?					
5.	Other comments: _____					
