

# 2016 AIA/CES Course Attendance Template

Registered Providers are responsible for reporting to the AIA CES the names of ALL AIA members.  
 Use this form to record the names of all attendees AIA members who have earned credit.  
 This document or another sign in sheet must be kept on file for six (6) years with the Provider Point of Contact.



## Flexible Space Design Trends

Course Title **J756** Course Number **SKY-0004** Provider Name **Skyfold Inc.**

Provider Number \_\_\_\_\_ Course Number \_\_\_\_\_ Provider Name \_\_\_\_\_

Name of Presenter: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Date of Course: \_\_\_\_\_ City/State: \_\_\_\_\_

Participants at this course: **(PLEASE PRINT)**

AIA Member	AIA Membership # (required)	Name of Participant	Certificate* Request	Email Address
1. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
2. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
3. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
4. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
5. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
6. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
7. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
8. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
9. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
10. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
11. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
12. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
13. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
14. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
15. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____

**This form must be submitted immediately following the program completion through the dealer portal.**