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| **Course Name:** |  | | | |
| **Instructor:** |  | | **Location:** |  |
| **Course Length:** |  |  | **Date:** |  |

**SIGN-IN SHEET**

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| **Please PRINT your name**  (we need to be able to read this to accurately report it) | Formal Signature | Are you a registered member of AIA? | |
| Yes, AIA Member # (required) | No |
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