

## Registered Course Provider Application Form

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Organization Name: \_\_\_\_\_

Contact Name (to be included on website): \_\_\_\_\_

Contact Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Contact name and email for AAA  
billing purposes only  
(if different from above): \_\_\_\_\_

### Brief Description of your company/organization for use in posting on our website

Indicate if you are an accredited provider with any of the following organizations:

- American Institute of Architects (AIA)  
 Architectural Institute of British Columbia (AIBC)  
 Other: \_\_\_\_\_

I confirm that I have read and understand the Registered Course Provider Program Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_