

DSA ACADEMY REGISTRATION FORM

Instructions:

1. Print this form.
2. Complete one form for each person. All information is required.
3. Make check payable to the **Division of the State Architect** and mail to:

DSA ACADEMY
 ATTN: REGISTRATION COORDINATOR
 1102 Q STREET, SUITE 5100
 SACRAMENTO, CA 95811-6550

4. Registration will be accepted up to two weeks before the start of class, if space is available.
5. A confirmation notice will be e-mailed to you (or mailed if you do not have an e-mail address).
6. The class facilities are accessible to the disabled. Please direct requests for special accommodations to the DSA Academy Registration Coordinator at (916) 323-4252 at least two weeks before the class date.

Circle One: Mr. / Ms. / Dr.

First Name: _____ Last Name: _____

Business/Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Primary Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

AIA Membership Number (if applicable): _____

Class Title	City	Start Date	Earn LUs/CEUs?			Fee
			ACIA	AIA	ICC	

Amount Enclosed: \$ _____

I agree to allow the DSA Academy to display on their website my name, organization, and the DSA Academy classes I have completed. This information will be accessible to prospective employers and others interested in verifying that I have completed this training. Addresses and phone numbers will not be displayed.

Yes
No

(Circle One)

Cancellation Policy:

If you cannot attend this class, please notify us at least 48 hours before the class start time. If you notify us, we'll give you a class credit or issue a refund. If you don't notify us or just don't show up, you'll be considered a "no show" and will forfeit your payment.