



### 1. Choose your session

Event Date:
Event Location:

Full Day	Half Day	am	Full Day	Half Day	am	<i>Group / Government Rate: (Group 3 from same firm, please include attendee names)</i>
\$245	\$165	pm	\$215	\$150	pm	

### 2. Personal Information

Name				
Please Select	Architect	Engineer	Landscape Architect	Other:
Company				
Address				
City	State		Zip	
Phone				
Email				
AIA/ASLA No. (if applicable)				
GBCI No. (if applicable)				

### 3. Payment Information

Check payable to **DPC Continuing Education Inc.**

Credit Card	Master Card	Visa	American Express
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Credit Card No.	Exp. Date	
Name (As it appears on card)		
Authorized Signature		
Billing Address		
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### 4. Send it in!

via fax: 516-730-5083

by Mail: DPC Continuing Education, Inc.

5 Terry Lane, Plainview, NY 11803

or email to: [info@dpcceinc.com](mailto:info@dpcceinc.com)

or **call us at 516-681-0057** with the information on this form