

AIA San Diego Chapter ARE 5.0 Study Material Check-Out Request

Name (Please Print): _____

Please Select Exam Section Requested (limit one exam section per request):

AIASD Member:

Yes: Please provide AIASD member # _____

Firm Name: _____

Address: _____

City, State, Zip Code: _____

Day Phone: _____

Evening Phone: _____

Fax: _____

Email: _____

BRIGHTWOOD ARCHITECTURE EDUCATION

SET #	SET #
<u>Construction & Evaluation</u>	<u>Practice Management</u>
<u>(\$200 Deposit Required):</u> _____	<u>(\$200 Deposit Required):</u> _____
<i>Study Guide</i> _____	<i>Study Guide</i> _____
<i>Flash Cards</i> _____	<i>Flash Cards</i> _____

SET #	SET #
<u>Project Management</u>	<u>Programming & Analysis</u>
<u>(\$200 Deposit Required):</u> _____	<u>(\$200 Deposit Required):</u> _____
<i>Study Guide</i> _____	<i>Study Guide</i> _____
<i>Flash Cards</i> _____	<i>Flash Cards</i> _____

SET #	SET #
<u>Project Planning & Design</u>	<u>Project Development & Documentation</u>
<u>(\$200 Deposit Required):</u> _____	<u>(\$200 Deposit Required):</u> _____
<i>Study Guide</i> _____	<i>Study Guide</i> _____
<i>Flash Cards</i> _____	<i>Flash Cards</i> _____

FOR OFFICE USE: (Do Not Fill Out Section Below)

Check Out Fees:	Member	Non-Member		Payment Method:
Check Out (2 Weeks):	\$10	\$25	\$ _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash
Renewal (1 Week):	\$5	\$10	\$ _____	<i>(Credit Card information required for deposit)</i>
TOTAL DUE:			\$ _____	Credit Card # _____
				Type: _____ Exp. Date: _____
				Billing Address: _____
Late/Damage Fees:				Signature _____
Late Fees:	\$ 5.00	x _____ days	\$ _____	
Damages:	\$ 0.50	x _____ pages	\$ _____	
TOTAL:			\$ _____	Total Charged _____
Important Dates:				
Date Out	_____			
Date Due	_____	<input type="checkbox"/> by 5:00 PM	<input type="checkbox"/> by 10:00 AM	
Renewal Date	_____	<input type="checkbox"/> by phone	<input type="checkbox"/> by e-mail	
New Due Date	_____	<input type="checkbox"/> by 5:00 PM	<input type="checkbox"/> by 10:00 AM	
Replacement Fee \$ 200.00 charged if not returned by:				

I have read the "ARE Study Material Check-out Policy" and reviewed the above information. I understand that I will be charged any and all fees as stated above should I fail to comply with this information. Failure to meet these dates and times will result in late and replacement fees being charged as noted on this form.

Signature _____

Date: _____

Received By: _____

Date: _____

Please sign and return this form via fax or e-mail to the AIA San Diego office at (619) 232-4542 or info@aiasandiego.org. Materials may be picked up & returned in person to AIA San Diego, 233 A Street, Suite 200, San Diego. If you have any questions, please contact AIA San Diego at (619) 232-0109.