

# A I C A E



**AMERICAN INDIAN COUNCIL OF ARCHITECTS AND ENGINEERS**

**CE REGISTRATION FORM  
CONFERENCE REGISTRATION FORM  
AICAE 2005 FALL CONFERENCE**

**OCTOBER 26 & 27, 2005**

**ALEXANDRIA, VIRGINIA**

**Best Western Old Colony Inn (800-5281234 or 703-739-2222) rate: start 135.00/night  
(mention AICAE)**

**Name:** \_\_\_\_\_ **Title / Position**

**Firm / Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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**Phone :** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail (optional):** \_\_\_\_\_

**Registration Fees:**

Conference (Member)	\$150.00	\$ _____
2 <sup>nd</sup> Member from Firm	\$100.00	\$ _____
Student	\$20.00	\$ _____
Spouse (Conf)	\$50.00	\$ _____
<b>Total:</b>		\$ _____

**Make checks payable to AICAE Treasurer and mail to AICAE Fall 2005 Conference, c/o Mike Holleyman, Holleyman Associates, 2310 SW 89<sup>th</sup> Street, Suite F, Oklahoma City, OK 73159.  
(Or pay at conference)**