



2020 AIA/CES Conference Session Participation Form

- Sessions listed on this form have been registered with the AIA/CES Records. The CES Registered Provider (The Center for Health Design) will record attendance on your behalf.
- Keep this form for your records or in case your transcripts are audited.
- Check each 'Yes' box to receive credit for each session you attended virtually.
- Member numbers that are missing or not legible will not be awarded credit. Make sure that you have included an accurate copy of your member number on your conference registration form.
- Attendance is subject to verification.
- **DO NOT SEND THIS FORM DIRECTLY TO CES RECORDS**

Participant Name: _____

Provider Name: **AIA AAH**

Provider Number: **KCAAH**

AIA Member # _____

Conference Name: **Healthcare Design 2020**

Conference Dates: **11/9/2020 – 11/12/2020**

Conference Location: **Virtual**

Attended	Session #	Program Title	LU Hours	HSW
Yes <input type="checkbox"/>	AAHHCDV201	Data-model Driven Masterplanning: Merging Departments to Create an Integrated Interventional Platform	1	No
Yes <input type="checkbox"/>	AAHHCDV202	AIA-AAH STERIS Student Design Charrette	1	No
Yes <input type="checkbox"/>	AAHHCDV203	Healthcare, Accessibility and Temporary Conditions	1	Yes
Yes <input type="checkbox"/>	AAHHCDV204	Thinking beyond the boundaries: elevating community health through design	1	Yes
Yes <input type="checkbox"/>	AAHHCDV205	Using "Mickey's 10 Secret Design Commands" to Create World-Class Transformative Environments	1	Yes