



# CERTIFICATE PROGRAM APPLICATION

## PERSONAL INFORMATION

Mr.    Mrs.    Ms.    Dr.

First    Middle    Last    Appellations (separate by comma)

ASID Member Number    USGBC Member Number    Other Names of Organization Affiliations

## PERMANENT ADDRESS

Number and Street   
 Apartment (if applicable)   
 City   
 State   
 Zip/Postal Code   
 Country   
 Business Telephone   
 Fax   
 Email (required)   
 Home Telephone

## MAILING ADDRESS (if different from permanent)

Number and Street   
 Apartment (if applicable)   
 City   
 State   
 Zip/Postal Code   
 Country   
 Business Telephone   
 Fax   
 Email (required)   
 Home Telephone

## PROFESSIONAL ROLE

Interior Designer  
 Architect  
 Remodeler  
 Manufacturer/Supplier  
 Design Educator  
 Home Owner  
 OTHER

## HOW DID YOU LEARN ABOUT THIS CERTIFICATE PROGRAM? *please check & specify*

Colleague (name is optional)  
   Website (domain)  
   Employer  
   Magazine  
   Industry Event

## CANDIDATE BACKGROUND *The following information is collected for informational purposes only and will not impact eligibility.*

### ACADEMIC / EDUCATIONAL EXPERIENCE / Provide the following information in chronological order (with most recent first) for all colleges and universities attended.

Name of Institution    City    State    Degree

Attended From    Attended To    Degree Year    Major

Name of Institution    City    State    Degree

Attended From    Attended To    Degree Year    Major



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**PROFESSIONAL EXPERIENCE** / Provide the following information in chronological order (with most recent first) for relevant work history.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Company / Employer	City	State	Position
<input type="text"/>	<input type="text"/>		
Start	End		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Company / Employer	City	State	Position
<input type="text"/>	<input type="text"/>		
Start	End		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Company / Employer	City	State	Position
<input type="text"/>	<input type="text"/>		
Start	End		

**PAYMENT INFORMATION** / The fee for enrollment in the REGREEN Certificate program is US\$60, payable to the American Society of Interior Designers (ASID.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on Card	Card Number	CVV Number / Security Code	Expiration Date
\$ <input type="text"/>	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD		
Amount	Card Type / check one		

## TERMS

I certify that all statements made in this application are complete and correct. I understand that my application and all supporting materials become the property of REGREEN and cannot be returned or sent elsewhere. I understand that withholding or giving false information at any point during the certificate process will make me ineligible for the program. I also understand that the application fee is non-refundable and additional fees are required for coursework with prices that vary based on my selections.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date