



AIA Ohio 2010 Handbook of Architects

Firm Profile Insertion Sheet

Deadline: Dec. 31, 2009 – NO EXCEPTIONS

The 2010 AIA Ohio Handbook of Architects, to be published in 2010, will feature the firm profiles of Ohio architectural firms whose principals are members of the AIA.

In order to be listed in the AIA Ohio Handbook, one principal or partner in your firm must be a member and the firm must have an Ohio Certificate of Authority to practice architecture.

Each member of the AIA Ohio will receive this notice. Please determine who in your firm will fill out the information and return the form by **December 31, 2009**. Because it has caused printing delays in the past, there will be no exceptions to this deadline. The cost to list your firm in the profile is **\$50**. Individual listings are a benefit of membership. The individual listings for the AIA Ohio Handbook of Architects will be pulled from the database on Dec. 31, 2009. If your contact information changes between January 1 and April 1, 2010, please notify AIA Ohio and request that the change be included in the Handbook. ***If you have additional locations which you would like to be listed in the firm profile section of the AIA Ohio Handbook, please complete a form and submit payment for each location.***

FIRM DATA

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Year Established: _____ Email: _____

Web site address: _____

This listing should be included in the following component section (circle only one):

Akron Cincinnati Cleveland Columbus Dayton Eastern Ohio Toledo

Additional office locations (use space provided on page 2 of form). Branch offices managed by firm principals may be included as a separate listing.

PERSONNEL

_____ # of principals

Client Contact(s): _____

Vendor Contact(s): _____

_____ # of Licensed Architects

_____ # of Other Engineers

_____ # of Other Architectural

_____ # of Interior Designers

_____ # of Licensed Engineers

_____ # of Landscape Architects

PRINCIPAL AREAS OF PRACTICE

(Mark four areas in order of importance to your practice: #1 = the greatest component of practice. The top four areas will be listed in order of importance in your published firm listing.)

- | | |
|------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Multi-Family Residential (MR) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Single-Family Residential |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Accessibility Issues |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Energy Efficiency |
| <input type="checkbox"/> Hotel/Restaurant | <input type="checkbox"/> Environmental Issues |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Interiors | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Office Building | <input type="checkbox"/> Planning |
| | <input type="checkbox"/> Other _____ |

ADDITIONAL OFFICE LOCATIONS

(include street address, phone, fax, email and web site)

PRINCIPALS

_____	_____
_____	_____
_____	_____

FIRM SPECIALTIES

A 75-word description either detailing types of work in the categories listed on page 1 or highlighting the character of your practice.

RECENT PROJECTS

Up to five projects. Include city or county and state. List any awards won for those projects. Please include translations of military acronyms or other association names normally listed with initials.

1. _____
2. _____
3. _____
4. _____
5. _____

Submitted by (please print): _____

Signature: _____

Please complete the payment information accompanying this form.

Questions? Call 614.221.0338, ext. 224 and ask for Melinda.

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Firm Profile Payment Form

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*Visa or Mastercard are accepted. Make checks payable to AIA Ohio.
Fax (614.221.1989) or mail the completed form and your payment to:
AIA Ohio, 17 S. High St., Ste. 200, Columbus, OH, 43215-3458. **Please print clearly!***

Check Number: _____ Amount Due: _____

Credit card #: _____ Exp. Date: _____ CCID # _____

Name on card: _____

Firm Name: _____

Billing address: _____

Signature: _____