



APPLICATION

Name Appellation(s)

ASID Member # Member of other design organization(s)?

Company Title

Address City | State | Zip

Phone (work) Alt. Phone (optional)

E-mail Website (optional)

How did you hear about REGREEN?

Colleague: Website: Publication: Event:

Professional Role(s) – may designate up to 3

Architect Builder Consultant Contractor
 Design Educator Developer Interior Designer Manufacturer/Supplier
 Property Manager Realtor Remodeler Other:

PAYMENT INFORMATION

Application fee is \$60 Visa MasterCard American Express Check

Card number

Expiration date

Security code

Thank you for enrolling in the REGREEN Trained education program.

Email completed application to **regreen@asid.org**. If remitting payment by check, make check payable to *American Society of Interior Designers* and mail to:
ASID | Attn: REGREEN Program | 718 7th Street, NW 4th Floor | Washington, DC 20001.

Questions? Contact Valerie O'Keefe at 202-675-2351 or regreen@asid.org.