



2009 Firm Questionnaire (Please print)

Complete Name of Firm _____
Complete Firm Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Year Firm Established _____
Firm Email _____ Firm Website _____

AIA Connecticut Principals of Firm: For additional space, please use reverse side.

Total personnel _____ Licensed Architects _____ Technical staff _____ Support staff _____

The following information will be made available to no one except AIA Connecticut staff

Full name of primary contact _____
Direct phone number of contact person _____ e-mail _____
Full name of marketing person _____
Direct phone number of marketing person _____ e-mail _____

Only AIA Connecticut Member Firms will be published on the AIA Connecticut Website and in the 2009 Directory

Is this an AIA Connecticut Architecture Firm? (Licensed architects hold 66.67% of the ownership of the firm. ALL principals of the firm, having their primary office in Connecticut, are AIA Connecticut members.)

Yes _____ No _____

If yes, please continue. If no, it is not necessary to complete the remainder of this form.

Areas of Expertise:

- Adaptive Reuse, Airports, Athletic Facilities, Commercial/Office/Retail, Consulting-Arbitration/Mediation, Consulting - Codes, Consulting - Expert Witness, Correctional Facilities, Court Houses, Custom Furniture, Daycare, Educational Facilities, Fire/Police Stations, Gas Stations, Health Care/Labs/Research, Hotel/Convention Facilities, Independent Reviews, Industrial Facilities, Interior Architecture, Landscape/Site Design, Libraries, Mixed Use Buildings, Model Making, Municipal, Museums, Planning/Urban Design, Preservation/Renovation, Religious, Residential-Single Family Dwelling, Residential-Multi Family Dwelling, Restaurants/Entertainment, Roofing, Senior Assisted Living Facilities, Sustainable Design, Transportation Facilities, Universal Design, Veterinary, Small Project Minimum=\$0, Small Project Minimum=\$50,000, Small Project Minimum=\$100,000, Small Project Minimum=\$250,000

This form was completed by _____ Date _____

Signature required for processing

Please complete and return by mail or fax to AA Connecticut, 370 James Street, New Haven, CT 06513;203-562-5378.

Responses may be e-mailed to pobrien@aiact.org with an electronic signature.