



# American College of Healthcare Architects Reschedule Form

## GENERAL INFORMATION (please print)

Name \_\_\_\_\_  
First Middle Last Suffix

AIA Member:  No  Yes, Member Number: \_\_\_\_\_

Candidate ID Number: \_\_\_\_\_

### Preferred Address:

Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State/Province Zip Country

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Reschedule Fee: \$0.00 for 2020**

### PAYMENT INFORMATION – Federal Tax ID #76-0646023

Check made payable to ACHA in U.S. funds  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**You will be notified via email by our office when you are able to  
reschedule your examination.**

Return this form with your payment to:  
ACHA  
4400 College Boulevard, Suite 220  
Overland Park, Kansas 66211  
Phone: 913-222-8653  
Fax: 913-222-8606