

TransFORM Architecture

Workshop Application

Email or fax completed form to lfitz@uark.edu or 479-575-7099

PART ONE_ Contact Information

Name [last, first]

Company name [if applicable]

Address

City

State

Zip code

Phone

Fax

E-mail

Website [if applicable]

PART TWO_ Experience

Occupation_____

Number of years in practice or in school ____

Graduation date [or anticipated date] _____

Degree[s]_____

List the software and/or digital equipment that you have used for design, graphics, fabrication, communication, or coordination of building projects/research.

PART THREE_ Interests

Professional Interests and Aspirations

[Briefly describe how you now use technology in your work. Give project examples where applicable.]

[Briefly describe how you aspire to use technology in your work. Give specific examples of how your work could benefit from improved digital designing skills.]

Designing and Communicating

[Rank your skills based on the following statements by circling the number that best indicates your level.]

My knowledge and experience with 3D parametric modeling is
1 expert 2 very competent 3 competent 4 need help 5 none

My knowledge and experience with construction coordination is
1 expert 2 very competent 3 competent 4 need help 5 none

My knowledge and experience with B.I.M. [Building Information Modeling] is
1 expert 2 very competent 3 competent 4 need help 5 none

My knowledge and experience with basic and constructive geometry is
1 expert 2 very competent 3 competent 4 need help 5 none

My knowledge and experience with software scripting is
1 expert 2 very competent 3 competent 4 need help 5 none

Workshop Goals

[Briefly describe what you hope to get out of your participation in the TransFORM Architecture workshop.]

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