

Registration Form

Team Member 1 Name:	
School:	Department:
Email Address:	Year of Study:
Team Member 2 Name:	
School:	Department:
Email Address:	Year of Study:
Team Member 3 Name:	
School:	Department:
Email Address:	Year of Study:
Team Member 4 Name:	
School:	Department:
Email Address:	Year of Study:
Team Member 5 Name:	
School:	Department:
Email Address:	Year of Study:

Please identify one Supervisor in both Architecture and Engineering who have agreed to review the project prior to submission.

Architecture Professor's Name:	School:
Engineering Professor's Name:	School:

Please send your completed registration form to info@cpci.ca by December 11, 2026.