

Ohio South/Kentucky Chapter Design Excellence Awards 2019

**Entry & Project Identification Form**

Member Name: Click or tap here to enter text. ASID Member # Click or tap here to enter text.

Check Member Category: \_\_\_\_ Professional \_\_\_\_Allied Practitioner \_\_\_\_Associate \_\_\_\_Student

Firm Name/School: Click or tap here to enter text.

Address Click or tap here to enter text.

City/State/Zip Click or tap here to enter text.

E-mail Click or tap here to enter text.

Phone: Click or tap here to enter text.

**Category Submitted:** Check category. You must complete an Entry/Project Identification Form for every

project you submit.

Residential Single Space  Residential Space over 2,000 s.f

(Bedroom, Kitchen, Bath, Show House Room, etc.) (Single family home, Model Home)

Commercial Single Space, under 2,500  Commercial Space 2,500 s.f. and over

(Lobby, Office, Bar, Cafe, etc.)

Open Category -Specialty Interior Spaces/Projects  Student (Conceptual)

(Yacht, Airplane, Historic Preservation)

Entering as a: Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(See Definitions on Submission Requirements/FAQ document.)

Questions about which category your project qualifies for?

Contact Suzanne Carney, ASID, Design Excellence Awards Chairperson: suzanne.carney1010@gmail.com.

Submit this completed form by mail and email to our Chapter Administrator, Mickey Heiob, at ASID Chapter 32,

P.O. Box #58137,Cincinnati, OH45258 / *administrator@ohs-ky.asid.org.*  Make your check payable to

ASID Chapter 32 for your **entry fee of $75.00 per project submitted ($15.00 for students).** Upon receipt of

payment, you will receive confirmation of your entry number, along with the Project Submission Template.

**See Submission Requirements/FAQ document for complete submission process.**

Winners will be announced at the Chapter Awards Dinner on September 21, 2019.

**Project Identification Form**

Award Category Click or tap here to enter text.

Entry Identification Number Click or tap here to enter text.

*(This number is to be assigned after receipt of this form and payment. This completed form with the*

*Project Entry Identification Form will be returned to you so that you can enter your number on the first page*

*of the Project Submission Template.)*

**ALL APPLICANTS ARE TO COMPLETE THE FOLLOWING:**

I agree to comply with all requirements. See Submission Requirements / FAQ document.

Project Name Click or tap here to enter text.

Project Street Address Click or tap here to enter text.

City Click or tap here to enter text. StateClick or tap here to enter text. Zip Click or tap here to enter text.

Other design disciplines involved with this project: list type of service and name of individual or company.

For example, architects, engineers, lighting or other consultants. Add lines as needed.

If none, please state NONE.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

**Completion Date of Project**: completion date – no earlier than October 1, 2015

Name of Photographer: Click or tap here to enter text.

Member Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

Did you include your head shot photo for publicity purposes? Yes  No

Newspaper(s) name that you would like to see your award publicized in:

Click or tap here to enter text.

Click or tap here to enter text.

Submissions DUE: August 1, 2019

AWARDS PROGRAM: September 21, 2019