

NOMINATION FORM

1. Category Number (Select one per entry.) _____

2. Name of Entry _____

3. Name of Submitter _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Contact Person _____ Phone _____ Email _____

4. Project Owner _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____ Email _____

PROJECT OWNER SIGNATURE: (Required) _____

5. Team Members (Must submit a list of all major project participants, including architect/contractor and top five subcontractors (company names only) on a CD as a text document.)

6. Individual or Organization to Receive Recognition (This is how the award will be imprinted; only ONE name can be listed.)

7. Name of Person to Accept Award at Banquet

Title _____

Company/Organization _____

Phone _____ Fax _____ Email _____

8. Check if entry is a Public/Private Partnership.

Please attach a list of names and mailing addresses for individuals you would like to receive an invitation to the awards program.

DEADLINE FOR SUBMISSION IS 4 P.M., FRIDAY, JULY 10, 2009

Submission Fee: \$75 payable by cash, check or credit card (Visa, MasterCard or American Express)

Credit Card Number _____ Security Code _____

Credit Card Billing Address _____

Expiration Date _____ Authorized Signature _____