



AIA
Vermont

Annual Design Awards Program: 2016 Concealed Identification

Please fill out this form and place it in a sealed envelope; affix it to the inside back of the binder. Include a second copy of the blind form in an unsealed envelope marked "AIAVT office use" and place anywhere within the mailing package.

Full Project Name: _____ Location: _____
 Contact Architect/ Firm of Record: _____ Address: _____
 Design/Other Architect: _____ Address: _____

CREDIT MUST BE GIVEN TO ALL CONTRIBUTING ARCHITECTURE FIRMS. ENTRIES INVOLVING TWO FIRMS MUST INCLUDE A RELEASE FROM BOTH STATING THAT CREDIT (E.G., DESIGN ARCHITECT), AS NOTED HERE, IS CORRECT.

Structural Engineer _____ Address _____
 Mechanical Engineer: _____ Address _____
 Electrical Engineer _____ Address _____
 Landscape Architect _____ Address _____
 General Contractor: _____ Address _____
 Second General Contractor _____ Address _____
 Photographer: _____ Address _____
 Second Photographer: _____ Address _____
 Client: _____

(Note: Clients will remain anonymous upon request (i.e., not announced at awards dinner). Award certificates will be made up for clients regardless; these can be given to clients privately.)

Should a submission receive an award or be chosen for publication, credits and materials for the award program and publicity will be taken from the submission and this identification form. There will be no further communication with the entrant to verify the information contained in the submittal and on this form. Accuracy is essential. By making a submission, each entrant agrees that the information contained on the identification sheet is correct and complete, and that the entrant will hold harmless AIAVT for any and all damages arising out of use of the information on this sheet and in the submittal. Any errors or omissions are the responsibility of the entrant.

Each entrant further certifies that permission has been obtained from the owner and the photographer to publish photographs specifically for the Design Awards Program and to obtain further information about a submitted project and releases and authorizes AIAVT to use all such materials.

Entrant Signature: _____ Date: _____

QUESTIONS MAY BE DIRECTED TO: CAROL MIKLOS, AIA VERMONT, 802.425.6162, CMIKLOS@AIAVT.ORG