

ASID SUBMISSION FORM

PROJECT NUMBER _____

The following information should be stated exactly as you would like it to appear on the Design Award:

Project Category: _____

ASID Membership Number: _____

Designer: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Project Name: _____

Project Address: _____

Completion Date: _____

Client's Name: _____

Photographer: (include telephone and fax number) _____

I (we) am (are) the principal designer(s) of this project.

I (we) have read all entry information and agree to comply with all the rules and requirements as stated.

DESIGNER SIGNATURE _____ Date: _____

<p>INSTRUCTIONS:</p> <ul style="list-style-type: none">✓ Enclose in separate envelope✓ Label "PROJECT SUBMISSION FORM"✓ WRITE PROJECT NUMBER ON ENVELOPE



2011 ASID OFFICIAL PUBLICITY RELEASE FORM

Important – Read Carefully

Should any entry receive an award or be included in any publication, credits will be taken from your Concealed Submission Form. Since there may be no further communication regarding verification of information contained in this submittal, accuracy is essential. By making a submission, each entrant agrees that all information contained on this form is correct and complete. Any error or omissions are the responsibility of the entrant. The Ohio North Chapter of the American Society of Interior Designers will not be responsible for any incorrect information as supplied.

Each entrant certifies that the client, photographer, and/or employer have given permission to publish the photograph and information submitted for publicity purposes. Entrant further certifies that permission has been granted for additional photographs and information.

Each entrant certifies that the client has authorized the use of their name in conjunction with any article or photographs that may be published about the project.

Yes _____ No _____

Designer Signature _____ Date: _____

Designer Release

I authorize ASID Ohio North Chapter to use photographs, and other submitted materials for publicity release. I understand that ASID accepts no responsibility for errors or omissions in publicity.

Designer Signature _____ Date: _____