ASLA 2009 AWARDS ENTRY FORM

AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS 2009 AWARDS

Professionals: Entry forms due by Friday, February 6; submissions must be received by Friday, February 20.

Students: Entry forms due by Friday, May 29; submissions must be received by Friday, June 12.

Official Entrant Name:

_____
(please print and use black or blue ink)

Check one:

☐ ASLA Member (indicate membership type below)

    ☐ ASLA

    ☐ FASLA

    ☐ Associate ASLA

    ☐ International ASLA

    ☐ Student ASLA

    ☐ Student Affiliate ASLA

☐ Non-member* (Students include completed membership application.)

* The non-member fee provides a one-year membership in ASLA, including a subscription to *Landscape Architecture* magazine and any applicable ASLA Chapter dues. Non-members entering multiple projects may pay the non-member fee for the first entry and the member fee for any additional entries.

Firm/School/Agency: _____

Street Address: _____

City/State/Zip: _____

Telephone/Fax: _____

Email: _____

FAX TO: 202-842-0861
MAIL TO: ASLA Awards Program
American Society of Landscape Architects
636 Eye Street, NW
Washington, DC 20001

AWARDS ENTRY FEES	@COST	QTY	SUBTOTAL
Professional Awards, ASLA Member	$300		
Professional Awards, Non-member* *$600 for first entry; $300 each additional entry*	$600/$300		
The Landmark Award *ASLA membership not required*	$50		
Student Awards, ASLA Member	$15		
Student Awards, Non-member* *$50 for first entry, $15 each additional entry*	$50/$15		

Student official entrants must attach proof of registration as a student (such as a copy of a current student identification card). For team entries, a list of all team members must be submitted with the entry form. Student Collaboration category entrants must identify the landscape architecture students on the list.

PAYMENT INFORMATION

___A check in the amount of $_____ is enclosed in U.S. funds, payable to the ASLA Fund.

___VISA   ___MasterCard   ___American Express   ___Discover

For credit card entries only, entry forms may be faxed to 202-842-0861.

Credit card number: _____

Expiration date: _____   Security Code: _____

Print name as it appears on the card: _____

Signature: _____