

Design Pittsburgh 2009

Project Information Form

Entry No. _____

(For office use only)

Please complete this form and return it with your Design Awards submission. Your entry cannot be processed without this form! Provide all information as requested where applicable.

PROJECT

Project Name
Client
Project Location
Submission Category
Month/Yr. Completion (if applicable)

ARCHITECT

Firm Name
AIA Member Architect
Design Team Members
Street Address
City/State/Zip
Telephone Fax

AFFILIATED ARCHITECT

Relationship
Firm Name
Architect
Street Address
City/State/Zip
Telephone Fax

LANDSCAPE ARCHITECT

Firm Name
ASLA Member
Street Address
City/State/Zip
Telephone Fax

CONTRACTOR OR CONSTRUCTION MANAGER

Company Name
Local Contact
Street Address
City/State/Zip
Telephone Fax

ENGINEERING CONSULTANTS

CIVIL

Company Name
Local Contact
Street Address
City/State/Zip
Telephone Fax

STRUCTURAL

Company Name
Local Contact
Street Address
City/State/Zip
Telephone Fax

MECHANICAL

Company Name
Local Contact
Street Address
City/State/Zip
Telephone Fax

ELECTRICAL

Company Name
Local Contact
Street Address
City/State/Zip
Telephone Fax

PHOTOGRAPHER

Company Name
Photographer's Name
Street Address
City/State/Zip
Telephone Fax

Please include other consultants/companies that are applicable to this project. Such companies may include but are not limited to brick, carpeting/flooring, concrete, doors, elevators/escalators, HVAC, kitchen equipment, landscaping, lighting, paint, plumbing, roofing, seating, structural elements/systems, tile/terrazzo, wall coverings/materials, and windows.

Company Name/Type
Contact's Name
Street Address
City/State/Zip
Telephone Fax

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