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Design





#### THE EUROPEAN CENTRE FOR ARCHITECTURE ART DESIGN AND URBAN STUDIES AND THE CHICAGO ATHENAEUM: MUSEUM OF ARCHITECTURE AND DESIGN

The Jury will base their decisions on the projects to be exhibited and awards by the contents of your submission. ALL information on this form should be complete and accurate (including the official firm names in full and all information should be completed IN FULL)

NAME OF APPLICANT:

APPLICANT FIRM NAME:\_\_\_\_\_

APPLICANT ADDRESS: CITY: POST CODE:

COUNTRY: PHONE: FAX:

APPLICANT MAIN CONTACT E-MAIL ADDRESS:

IS THE APPLICATION FOR : ARCHITECTURE? O DESIGN? CITIZEN OF: \_\_\_\_\_

## PROJECT / PRODUCT 1 NAME: \_\_\_\_\_

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		<b>Client Information</b>	
Firm Name:		Address:	
City:	State:	Postal Code:	Country:
Phone:		Fax:	
Contact Person:		Contact Email:	
		osolutely correct and accurate. Client in	
sectio	ns and elevations) PLUS a	one page description of the proje	ct on MSWord or .pdf on CD

### PROJECT / PRODUCT 2 NAME: \_\_\_\_\_

	Client Information
Firm Name:	Address:
City:	State: Postal Code: Country:
Phone:	Fax:
<b>Contact Persor</b>	n: Contact Email:
•	Please check all information is absolutely correct and accurate. Client information MUST be given. to 6 high resolution images of the project / product (for architectural entries also include a .pdf file of all plans, sections and elevations) PLUS a one page description of the project on MSWord or .pdf on CD

## PROJECT / PRODUCT 3 NAME:

Client Information							
Firm Name:		Address:					
City:	State:	Postal Code:	Country:				
Phone:		Fax:					
Contact Person:		Contact Email:					

Please check all information is absolutely correct and accurate. Client information MUST be given.

Please submit up to 6 high resolution images of the project / product (for architectural entries also include a .pdf file of all plans, sections and elevations) PLUS a one page description of the project on MSWord or .pdf on CD

# APPLICATION PAYMENT FEE €200.00 EURO

VISA () MASTERCARD () | CARD NUMBER:\_\_

NAME OF CARDHOLDER

Address of Card Holder

CCV NUMBER

EXPIRATION DATE

SIGNATURE OF CARD HOLDER:

WIRE TRANSMISSON: Contact The European Centre for Instructions : konstadina@europeanarch.eu

#### **DELIVERY DETAILS**

Send Application and Materials to:

The European Centre, Mitropoleos 74, Athens, GR 10563, Greece. Attn: Europe 40 Under 40

DEADLINE: MATERIALS MUST BE DELIVERED OR POSTMARKED BY NOVEMBER 1, 2021

\* Selections will not be reviewed if all of the requested items on the checklist are not included.

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