



2018

Send completed Entry along with imagery to:

The Green Good Design Awards
The European Centre for Architecture Art Design and Urban Studies
28 Butlers Court
Sir John Rogersons Quay
Dublin 2, Ireland

DEADLINE: NOVEMEBR 1, 2017

SUBMISSION MAIN EMAIL: _____

Name of the Submission: _____

Location of the Submission: _____

Photographer: _____ Photographer Address: _____

Submission type: _____

(which best describes the Submission): _____ Date of Design/Completion: _____

Person Place Building Product Corporation Technology

City/State/Government Institution Program Project Organisation

ENTITY MAKING THE SUBMISSION

Entity making the Submission: _____

Address: _____ Post Code: _____

Country: _____ Phone: _____ Fax: _____ Email: _____

Contact Person: _____ Email: _____

Website: _____ Project Video Link Address: _____

Please fill out ONE or TWO of the following sections:

ARCHITECT / DESIGNER

Architect/Designer: _____

Address: _____ Post Code: _____

Country: _____ Phone: _____ Fax: _____ Email: _____

Architect/Designers Name: _____ Contact Person: _____

Contact Person Email: _____ Website Address: _____

Please provide additional names of list of team members and address information if different from above

CONTINUED ON PAGE 2

INSTITUTION / GOVERNEMENT

Institution/Government: _____
 Address: _____ Post Code: _____
 Country: _____ Phone: _____ Fax: _____ Email: _____
 Contact Person: _____ Contact Person Email: _____
 Website: _____ Project Video Link: _____

CLIENT / COPROATION / MANUFACTURER

Client/Corporation/Manufacturer: _____
 Address: _____ Post Code: _____
 Country: _____ Phone: _____ Fax: _____ Email: _____
 Contact Person: _____ Contact Person Email: _____
 Website: _____ Project Video Link: _____

PERSON / PLACE

Person/Place: _____
 Address: _____ Post Code: _____
 Country: _____ Phone: _____ Fax: _____ Email: _____
 Contact Person: _____ Contact Person Email: _____
 Website: _____ Project Video Link: _____

PAYMENT SECTION

Payment Details for Credit Card: (American Express is not accepted at this time)

Card type: Visa / Mastercard: _____
 Credit Card Number: _____
 Expiry Date: _____
 CCV Number(last three digits on reverse): _____
 Name On Card: _____
 Address: _____
 City: _____
 State: _____
 Postal Code: _____
 Country: _____
 SIGNATURE: _____

Payment Details for Electronic Transfers:

Bank: Allied Irish Bank, Sandymount, Dublin 4, Ireland
Account Name: The European Centre for Architecture Art Design and Urban Studies
Account Number: 07259019 **Sort Code:** 93-36-00
IBAN No.: IE86 AIBK 9336 0007 2590 19 **Swift Code:** AIB KIE2D