

29th Annual
Reconstruction Awards
Entry Deadline: August 3, 2012



Project Information Sheet

Project Name and Location (city/state)

Name of Firm Submitting This Entry

Construction Start and Finish Dates

Project Size (Gross Square Feet)

Delivery Method/Contract Type (Design/Bid/Build, Design/Build, CM at Risk, etc.)

*Project Cost (required information)

***You may supply financial information confidentially, if necessary.** We understand that certain clients are sensitive about revealing financial details. Although we prefer to have all financial information included in the entry, if you have a situation where the client demands confidentiality, you may write "Confidential at Client Request" in the space above.

However, to be eligible, you must also send, under separate cover, a single copy of the financial information to: Robert Cassidy, Editorial Director, *BD+C*, 3030 W. Salt Creek Lane, Ste. 201, Arlington Heights, IL 60005. *As BD+C's editor, I promise to keep the details of this information confidential and will only supply "ranges" of information to the judges as needed to help in their deliberations. Should your project win, the financial information will not be published in BD+C. This procedure is necessary to ensure that we are fair to all entries and the judges have enough information to do their job.*

**Building Design+Construction – 29th Annual Reconstruction Awards
Data Sheet + Payment Information**

Principal Member Firms of the Building Team (required information)

Name of Person/Firm Submitting This Entry

Firm Name _____

Key Contact Person _____

Street _____

City _____

State _____

Zip/Code _____

Phone _____

Email _____

Owner/Developer

Firm Name _____

Key Contact Person _____

Street _____

City _____

State _____

Zip/Code _____

Phone _____

Email _____

Architect or Architect/Engineer

Firm Name _____

Key Contact Person _____

Street _____

City _____

State _____

Zip/Code _____

Phone _____

Email _____

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Data Sheet + Payment Information**

Architect of Record (if different from above)

Firm Name _____
Key Contact Person _____
Street _____
City _____
State _____
Zip/Code _____
Phone _____
Email _____

Interior Architect (if different from above)

Firm Name _____
Key Contact Person _____
Street _____
City _____
State _____
Phone _____
Email _____

Structural Engineer

Firm Name _____
Key Contact Person _____
Street _____
City _____
State _____
Zip/Code _____
Phone _____
Email _____

Mechanical Engineer

Firm Name _____
Key Contact Person _____

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Street _____

City _____

State _____

Zip/Code _____

Phone _____

Email _____

Electrical Engineer

Firm Name _____

Key Contact Person _____

Street _____

City _____

State _____

Zip/Code _____

Phone _____

Email _____

Plumbing Engineer

Firm Name _____

Key Contact Person _____

Street _____

City _____

State _____

Zip/Code _____

Phone _____

Email _____

General Contractor

Firm Name _____

Key Contact Person _____

Street _____

City _____

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Data Sheet + Payment Information**

State _____

Zip/Code _____

Phone _____

Email _____

Construction or Program Manager

Firm Name _____

Key Contact Person _____

Street _____

City _____

State _____

Zip/Code _____

Phone _____

Email _____

Photography Rights (required information)

Name of Photographer _____

Photographer's Firm _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Key contact person (if different from above)

Phone _____ Email _____

Who owns the rights to the photography you are submitting with your entry?

- Submitting firm owns all rights to photography (editorial use, marketing, advertising, Internet)
- Submitting firm owns only rights to editorial use of photography; photographer owns all other rights.
- Photographer owns all rights.
- Submitting firm not sure what photography rights it owns.

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Data Sheet + Payment Information**

Payment Information (\$200.00 per entry)

Credit Card Type _____

Cardholder's Name _____

Cardholder's Address _____

Credit Card Number _____

Expiration Date _____

Amount _____

Company name _____

Authorization (if other than cardholder)

Today's Date _____

Check [] if you want a receipt.

If paying by check, please make payable to "SGC Horizon"