



AIA GRAND RAPIDS CHAPTER HONOR AWARDS PROGRAM 2019

REGISTRATION AND ENTRY FEE FORM BUILDING AND DESIGN AWARD CATEGORIES

Building Award

I will submit a total of _____ entries in the Building Award category.

_____entries x \$350.00 each Subtotal \$_____

Interior Architecture Award

I will submit a total of _____ entries in the Interior Architecture Award category.

_____entries x \$350.00 each Subtotal \$_____

Regional and Urban Design Award

I will submit a total of _____ entries in the Regional and Urban Design Award category.

_____entries x \$350.00 each Subtotal \$_____

Small Commercial Design Award

I will submit a total of _____ entries in the Small Commercial Design Award category.

_____entries x \$350.00 each Subtotal \$_____

Residential Architecture Award

I will submit a total of _____ entries in the Residential Architecture Award category.

_____entries x \$350.00 each Subtotal \$_____

Housing Next Affordable Housing Award

I will submit a total of _____ entries in the *Housing Next* Affordable Housing Award category.

_____entries x \$350.00 each Subtotal \$_____

Unbuilt Project Award

**** Free Submission Discount does not apply. ****

I will submit a total of _____ entries in the Unbuilt Project Award category.

_____entries x \$50.00 each Subtotal \$_____

Student Project Design Award

**** Free Submission Discount does not apply. ****

I will submit a total of _____ entries in the Student Project Design Award category.

_____entries x \$25.00 each Subtotal \$_____

The American Institute of Architects

225 Michigan St. NW
PO Box 2884
Grand Rapids MI 49501-2884

T(616) 438-0392

www.aigr.org



INDIVIDUAL AND FIRM AWARD CATEGORIES

Firm Achievement Award

** Free Submission Discount does not apply. **

I would like to nominate _____ x \$350.00
Name of Firm Subtotal \$ _____

Young Architect Award (No Fee)

I would like to nominate _____ of _____
Name Name of Firm

Architect of the Year Award (No Fee)

I would like to nominate _____ of _____
Name Name of Firm

David D. Smith Humanitarian Award (No Fee)

I would like to nominate _____ of _____
Name Name of Firm

TOTAL AMOUNT ENCLOSED **TOTAL** \$ _____
(checks payable to AIA Grand Rapids)

Company Name: _____

Contact Person Name, Telephone, and E-Mail Information: _____

Mail Checks by July 19, 2019 to: AIA Grand Rapids
Attention: Pamela Danckaert
PO Box 2884
Grand Rapids MI 49501-2884

Or Pay by Credit Card:

Credit Card Number: _____
Visa, Mastercard, American Express, or Discover

Exp.: _____ CVW/CID#: _____ Zip Code: _____

Questions: Telephone: (616) 438-0392 E-mail: aiagrandrapids@gmail.com

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