

AWARDS 2009

ENTRY FORM

Please type or print neatly. Press releases, articles, magazine features, *folio* and the Awards Ceremony presentation will be written with the information provided below – be thorough and accurate. Do not bind this form into the submission.

Entrant Information:

Your Name: _____

Phone: _____ Fax: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Entrant Classification:

Please check one of the following:

ASLA Fellow, Member, or Associate ASLA Member #: _____

Non-Member Registered Landscape Architect State and Registration #: _____

Graduate of Landscape Architecture Degree Program School and Degree: _____

Faculty Member of Landscape Architecture Degree Program School: _____

Entrant Category:

Please circle one of the following:

Note: The Jurors have the right to change an entry to another category as they deem necessary.

PROFESSIONAL AWARDS

I. Design - Constructed Projects

- A. Residential
- B. Commercial
- C. Institutional
- D. Memorable
- E. Recreation
- F. Urban

II. Design - Unrealized Projects

III. Memorable Landscapes

- A. Historic Landscapes
- B. Classic Projects

IV. Planning and Analysis

V. Landscape Architectural Research

VI. Communications

VII. Burnham Award

VIII. Jensen Award

XI. Environmental Stewardship

PUBLIC AWARDS – No entry fee required

- I. Public Recognition
- II. Community Service

Entry Fee - Per Entry:

Make checks payable to Illinois Chapter ASLA:

ASLA Member – Public Practice: \$50

ASLA Member – Private Practice: One Submittal: \$150, Two: \$125 each, Three or more: \$100 each

Non-ASLA Member – Public or Private Practice: \$300

Project Information:

Award Recipient Name (if other than Entrant): _____

Project Name: _____

Project Location (if applicable): _____

Owner/Client(s): _____

Project Landscape Architect(s): _____

Landscape Architect(s) of Record: _____

Architect(s): _____

Engineer(s): _____

Contractor(s): _____

Other Consultant(s): _____

Parties involved in Prior Master Plan (if applicable): _____

Note: The ILASLA is not responsible for verifying the information provided.

Photography Credit:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Products used in the Built Project:

Product: _____

Brand _____ Supplier: _____

Product: _____

Brand _____ Supplier: _____

Product: _____

Brand _____ Supplier: _____

Terms of Agreement:

I have read the complete Call for Entries for the 2009 Illinois Chapter of the American Society of Landscape Architects (ILASLA) Awards Program and certify that this entry is in full compliance. I understand that all entries become the property of the ILASLA and will not be returned. Winning entries will be used by the ILASLA for public relations and traveling exhibit purposes. I understand that, should I win, I will be responsible for the cost (not to exceed \$750 per submission) of publishing my winning project(s) in the annual ILASLA publication *folio*, which is distributed to over 6,000 peers in the Illinois marketplace. No publishing fee is required from Public Award winners.

Projects may only be submitted by the copyright holder, whether an individual or firm. Individuals will not be recognized for projects done while under employment at a company or firm. In submitting this project designed by a company or firm, I acknowledge that I am acting on the firm’s behalf and certify that I have written authorization from the firm to do so. In submitting this project as an individual I certify that I am the sole copyright owner or that I have obtained written permission from all interested parties to submit this project for award.

I take full responsibility for proper release of any photographs from their respective photographers so that they may be used for publication, and for the accuracy of the enclosed project information, holding harmless ILASLA.

I understand the ILASLA maintains the right to disqualify award program entrants or rescind awards at any time at the discretion of the Chapter Executive Committee.

Signature of Entrant: _____ Date: _____

I have reviewed this entry to the 2009 ILASLA Awards Program and have no objections to the submission, judging, or publication of these materials.

Signature of Owner/Client(s): _____

Title: _____ Date: _____

Requested Media Contacts:

Please include up to three media contacts that you would like to receive press releases about your project should you win. Please include company name, personal contact (if any), phone, and fax numbers.

1. _____ Phone: _____
_____ Fax: _____

2. _____ Phone: _____
_____ Fax: _____

3. _____ Phone: _____
_____ Fax: _____

Send all entries to the ILASLA Awards Committee c/o Susan Sevcik, P.O. Box 4566, Oak Brook, IL 60522.
Tel: 319.721.7280

***All Entries must be received by 3:00 p.m. Friday, July 24th, 2009!
Winners will be notified by August 17, 2009.***
