

AMERICAN
SOCIETY OF
INTERIOR
DESIGNERS



SOUTH CENTRAL

2017-18

Excellence in
Design
AWARDS

CONCEALED IDENTIFICATION FORM

Please insert your information.

PROJECT:

NAME OF PROJECT/CLIENT NAME

PHYSICAL ADDRESS OF PROJECT

CITY

STATE

ZIP CODE

ARCHITECT:

ASID MEMBER:

NAME (AS YOU WOULD LIKE TO APPEAR ON AWARD)

MEMBER LEVEL

ID NUMBER

Please indicate if Entry is eligible for the Rising Star Category: **YES** or **NO**

**FIRM
NAME:**

ARCHITECTURE OR DESIGN BUSINESS NAME (AS YOU WOULD LIKE FOR IT TO APPEAR ON AWARD)

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

ADDITIONAL NAMES TO INCLUDE ON CERTIFICATE IF YOUR PROJECT RECEIVES AN AWARD
(must be an ASID member to appear on award certificate):

NAME

MEMBER LEVEL

ID NUMBER

NAME

MEMBER LEVEL

ID NUMBER

PHOTOGRAPHER:

NAME

COMPANY, IF APPLICABLE

ADDRESS

CITY

STATE

ZIP

PLEASE RETURN THIS FORM ALONG WITH ENTRY.

CATEGORY:

ENTRY #