



EXCELLENCE IN DESIGN AWARDS PROGRAM
CONCEALED IDENTIFICATION

PROJECT:
Name: _____

Address: _____

ARCHITECT OR FIRM (Design Credit)
Name: _____

Address: _____

Email: _____

OWNER OR DEVELOPER:
Name: _____

Address: _____

Email: _____

OTHER DESIGN CONSULTANTS:
(explain role)
Name: _____

Address: _____

Email: _____

GENERAL CONTRACTOR:
Name: _____

Address: _____

Email: _____

PHOTOGRAPHER*:
Name: _____

Address: _____

SUBMITTED BY:
Name: _____

Email: _____

ELECTRICAL CONSULTANT:
Name: _____

Contact: _____

Email: _____

MECHANICAL CONSULTANT:
Name: _____

Contact: _____

Email: _____

STRUCTURAL CONSULTANT:
Name: _____

Contact: _____

Email: _____

SITE CONSULTANT:
Name: _____

Contact: _____

Email: _____

INTERIOR DESIGNER:
Name: _____

Contact: _____

Email: _____

MATERIAL SUPPLIER:
Name: _____

Contact: _____

Email: _____

MATERIAL SUPPLIER:
Name: _____

Contact: _____

Email: _____

MATERIAL SUPPLIER:
Name: _____

Contact: _____

Email: _____

**Note: If more than one photographer has been used throughout your submission, please be certain each is identified on the label for uploaded files. It is essential that all photographs submitted have been cleared for publicity purposes.*

PLEASE INCLUDE MATERIALS SUPPLIERS TO ASSIST WITH GALA SPONSORSHIP!