

PLEASE PRINT ALL INFORMATION

**National AIDS Memorial Grove
Design Competition
Registration Information**

Please fill out the following information completely and enclose this form with your payment.

Today's Date: _____

Entrant's Name(s) *If more than one individual has worked on this entry, please list each separately.
Attach additional sheets if necessary.*

Submission type: *Please check one*

Individual

Group

School *Name of School* _____

Are you or your group planning on submitting more than one entry?

Yes No

Contact address: *If a school studio, please list contact information for the studio leader*

Street Address 1: _____ Phone number: _____

Street Address 2: _____ Fax number: _____

City, State _____ Zip: _____

Contact email address: _____

Is the primary entrant or a member of this team an architect registered in the State of California?
If not, entrant(s) must be willing to work with an architect registered in the State of California if selected.

Yes No

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Optional Information

Disciplines of entrants: *Please check all that apply.*

Architect

Landscape Architect

Artist

Other _____

Payment Information

Payment to be made by (please check one and complete form)

Personal check enclosed in the amount of: \$ _____

Money order/cashiers check enclosed in the amount of: \$ _____

Please charge my credit card for the amount of: \$ _____

Name on credit card: _____ Exp Date: _____

Credit Card Number: _____ Type: _____

Credit Card Billing Address: _____

*Please make all checks and money orders payable to: **NAMG – Design Competition***

Please mail this completed form along with your payment or credit card information to:

**Design Competition
National AIDS Memorial Grove
856 Stanyan Street
San Francisco, CA 94550**

Or fax your credit card payment information to:

**National AIDS Memorial Grove
(415) 750-0214**