**AWARD SUBMISSION FORM**

**Applying for (Check One)**

□ Milton W. Garland Commemorative Award for Project Excellence

□ Comfort Cooling Award for Project Excellence

**1. Name of building or project:**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:**       **Initial Date of Operation:**  \_\_\_\_\_\_\_\_

**ASHRAE Member Submitting**:

**2. Award Winner** (note person listed here will be official winner of award, receive plaque at Plenary session, get travel reimbursement, etc.)

a. Name:

Role in project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASHRAE Membership Number (if applicable):      \_\_\_\_\_

b. Address (including country):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                 \_\_\_\_\_\_\_

c. Office Telephone:         
d. E-mail address:

e. Company:       \_\_\_\_\_\_\_

**3. Co-Winner** (if appropriate only. Note there will be only the one official winner but more can be recognized if warranted)

a. Name:

Role in project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASHRAE Membership Number (if applicable):      \_\_\_\_\_

b. Address (including country):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                 \_\_\_\_\_\_\_

c. Office Telephone:         
d. E-mail address:

e. Company:       \_\_\_\_\_\_\_   
(please append additional names if appropriate)

**4. ASHRAE Linkage (**the prime designer is an ASHRAE member, the installer is a member, the firm is Golden Circle, or the owner, supplier, etc., is a member, etc. Note the person listed here does not receive award unless listed above).

a. Name:

ASHRAE Member Linkage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASHRAE Membership Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Address (including country):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Office Telephone:

d. E-mail address:

e. Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Owner’s release:**

I certify that I am the owner or the authorized representative of this project, and hereby grant permission to ASHRAE to use all the enclosed data and information in the judging and subsequent publicity of this project.

Typed Name:

a. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signatures must be on form submitted to ASHRAE)*

d. Company:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Address (including country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Office Telephone:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 g. E-mail address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_