



ODEGARD
CARPETS • COLLECTION • ENVIRONMENTS

DESIGN COMPETITION

SUBMISSION FORMS

ENTRY FORM

Please use all CAPITAL LETTERS. All information is required including alternate information. One Entry Form required for the submitter and for each co-author (if any).

All submissions are to be forwarded to:

Head & Hand PR
ATTN: Odegard Design Competition
62 East Brookside Drive
Larchmont, NY 10538

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

COUNTRY

ZIP OR POSTAL CODE

SCHOOL / COLLEGE / UNIVERSITY NAME

APPLICANT'S TELEPHONE

APPLICANT'S EMAIL

PERMANENT ADDRESS 1

PERMANENT ADDRESS 2

PERMANENT CITY

STATE

COUNTRY

ZIP OR POSTAL CODE

ALTERNATE TELEPHONE

ALTERNATE EMAIL

SIGNATURE

DATE

DECLARATION OF AUTHORSHIP

I/we declare that I/we are the true author(s) of the work submitted and have met all the requirements of this Design Competition.

I/we declare that I/we have not knowingly copied or *adapted existing designs*.

I/we declare that I/we shall not have the submission, or any part thereof, published prior to notification of the jury's final decision, and the award ceremony in June 2009.

All fields below are required. Please put N/A for the fields that do not apply

SUBMITTER'S FIRST NAME

MIDDLE NAME

LAST NAME

SCHOOL / COLLEGE / UNIVERSITY NAME

PROGRAM OR DEPARTMENT NAME

SIGNATURE

DATE

Additional names (maximum two) to be credited for the design of the Submission:

CO-AUTHOR'S FIRST NAME

MIDDLE NAME

LAST NAME

SCHOOL / COLLEGE / UNIVERSITY NAME

PROGRAM OR DEPARTMENT NAME

SIGNATURE

DATE

CO-AUTHOR'S FIRST NAME

MIDDLE NAME

LAST NAME

SCHOOL / COLLEGE / UNIVERSITY NAME

PROGRAM OR DEPARTMENT NAME

SIGNATURE

DATE

SCHOOL'S ATTESTATION

One school attestation required for the submitter and for each co-author (if any).

I certify that the person whose name appears below is currently enrolled as an active student in the school and program listed below.

FIRST NAME

MIDDLE NAME

LAST NAME

SCHOOL / COLLEGE / UNIVERSITY NAME

PROGRAM OR DEPARTMENT NAME

STUDENT NUMBER

SIGNATURE OF SCHOOL OFFICIAL

DATE

PRINT NAME AND TITLE OF SCHOOL OFFICIAL

SCHOOL / COLLEGE / UNIVERSITY STAMP

OPTIONAL : ADDITIONAL INFORMATION

SUBMITTER'S FIRST NAME

MIDDLE NAME

LAST NAME

SCHOOL / COLLEGE / UNIVERSITY NAME