

APPLICATION FORM

Name: _____

Company Name: _____

Address: _____

City _____ Postal _____

Code: Phone: _____ Cell: _____

Email: _____ Website: _____

Do you have the authority to act on behalf of your company? Yes No

Does your business earn revenue from international markets? Yes No

If yes, please site examples.

What anticipated results and/or outcomes do you expect as a result of participating in this program?

Type of Company: Design Firm Multi-disciplinary Firm Corporation

Number of company locations and employees _____

Company's design business focus (please indicate percentage)

Hospitality _____ Residential _____ Healthcare _____ Retail _____

Workplace _____ Sustainable design _____ Other _____

The approximate amount of goods and services your company specifies each year:

0 – \$100,000 \$100,000 – 500,000 \$500,000 – \$2 million Over \$2 million

List three of your company's most recent projects (include scope of work, size and budget):

1. _____

2. _____

3. _____

APPLICATION FORM

Deadline: August 31, 2017

What is your tenure with ASID? _____

Have you held any ASID Chapter or Board positions? _____

Have you received any ASID awards or citations? _____

If selected, are you willing to provide ASID a summary report of your experience? _____

Do you have specific needs that require attention for the program's planning?

By submitting this application, you agree on following terms and conditions:

1. Applicant agrees that their application will be reviewed by a selection committee.
2. If accepted, applicant must confirm participation by the required deadline.
3. Once participation is confirmed, applicant agrees to confirm travel arrangements by the required deadline or forfeit their spot on the trip.
4. Participant agrees to commit to attend all scheduled program activities which includes staying at the Fair each of the three days and each day participating in pre-scheduled meetings with exhibitors.
5. Participant agrees to supply information requested (company information/profile) for publication and distribution.
6. Participant agrees to allow posting the name of the participating company.
7. ASID reserves the right to alter the program to fit the schedule of the show activities.
8. Any personal meal costs, out-of-pocket expenses, tips/gratuities, transportation to/from provincial and local airport and any travel/meetings not included in planned itinerary are not covered expenses under this program.
9. If participant chooses to bring an additional person and/or extend the trip in any way, all costs associated are at the expense of the participant. If there is an additional charge for additional people in the room, the participant may be required to pay that extra cost (you would be advised in advance of confirmation).
10. Participant agrees to complete a post-trip survey by a deadline date specified by ASID.

Signature

Date
