

2018 NTMA Honor Award Entry Form

Please complete a separate entry form for each entry.

Name of Job

Address

Project Description Attached

CD/Flash Drive with 12-20 photos enclosed

Terrazzo Contractor

Address

City State Zip Code

Phone Number Email

Contact Person

Entry Fee Enclosed (\$300 per entry)

I have signed the Affidavit of Eligibility below:

This affidavit is to certify that all of the information submitted for the 2018 National Terrazzo & Mosaic Association Honor Award program is accurate and that all photographs are of the award entry.

I have obtained written permission from the owner and all companies involved in this terrazzo installation to use their name and the name of the job in all forms of promotion. By signing this affidavit, I give expressed consent to the National Terrazzo & Mosaic Association to use this entry, the name of the job, owner and all companies involved in this terrazzo installation as well as the accompanying photographs as it sees fit in promotion and publicity of the 2018 Honor Awards program, and for other printed and electronic materials promoting the terrazzo industry.

Applicant represents and warrants that it owns all of the copyright and other intellectual property rights in and to the photographs and that giving the National Terrazzo & Mosaic Association the right to utilize the photographs in the future will not infringe upon the rights and/or interests of any third party.

Print name of person submitting entry

Signature of person submitting entry

Company

Date



National Terrazzo & Mosaic Association
Telephone: 800-323-9736
Fax: 888-362-2770

PAYMENT OPTIONS

CHECK

Mail to:
NTMA
PO Box 2605
Fredericksburg, TX 78624

CREDIT CARD or PAYPAL (on members only site)

Mail authorization form
OR
Fax to: 888-362-2770

(Do Not E-Mail Credit Card Information. Data is not secure.)

CREDIT CARD AUTHORIZATION

Date:

Company Name: _____

I hereby authorize payment in the amount of \$

invoice (s) #: 2018 Honor Award Entry

Credit Card Information

Visa Master Card American Express Discover

Name on the Credit Card (print) _____

Billing Address: (for credit card) _____

City _____ State _____ Zip Code _____

Phone Number _____

Signature _____

Credit Card #

Expiration Date