

**CHAPTER/REGIONAL TECHNOLOGY AWARD – SHORT FORM**

**1. Category (Check One and Indicate New or Existing, if applicable)**

- I. Commercial Buildings \_\_\_\_\_ New or \_\_\_\_\_ Existing
- II. Institutional Buildings \_\_\_\_\_ New or \_\_\_\_\_ Existing
- III. Health Care Facilities \_\_\_\_\_ New or \_\_\_\_\_ Existing
- IV. Industrial Facilities or Processes \_\_\_\_\_ New or \_\_\_\_\_ Existing
- V. Public Assembly \_\_\_\_\_ New or \_\_\_\_\_ Existing
- VI. Residential \_\_\_\_\_ New or \_\_\_\_\_ Existing
- VII. Alternative and/or Renewable Energy Use \_\_\_\_\_ New or \_\_\_\_\_ Existing

**1. Name of Building or Project:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_

**1. Project Description:**

- a) Project Study/Design Period: \_\_\_\_\_
- a) Has the project been completed (Y/N) \_\_\_\_\_
- a) If YES, date completed: \_\_\_\_\_
- a) If NO, Scheduled completion (or other explanation): \_\_\_\_\_

**1. Entrant (ASHRAE Member with Significant Role in Project):**

**Name:** \_\_\_\_\_ **Chapter Membership #** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone: (W)** \_\_\_\_\_ **(H)** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Member's Role in Project:** \_\_\_\_\_  
**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Engineer of Record:** \_\_\_\_\_

By affixing my signature above, I certify that the information contained in this application is accurate to the best of my knowledge. In addition, I certify that I have discussed this entry with the owner and have received permission from the owner to submit this project to the ASHRAE Technology Awards Competition.

**Return form to: Mark A McLeod, Building Control Technologies, Automated Logic Corporation  
1 Frassetto Way Unit J, Lincoln Park New Jersey 07035  
Ph (973) 633-7730, Fax (973) 633-7732, e-mail [mmcleod@bct-alc.com](mailto:mmcleod@bct-alc.com)**