

Application Form for
**the International Review of Implementations and Studies
for architecture students and architects up to 33 years of age
Young Architect Award 2010**



Submitter:

First name(s), surname, academic degree/company name:

Address: Street, No. Town ZIP Country

Telephone: E-mail: WWW:

Date of birth:

Legal Entity: IČ (Identification No of Organisation).....

DIČ (VAT Identification No)

Billing address as stated in the trade licence

Competition category: Study School Work Implementation

Author (if different from the submitter):

First name(s), surname, academic degree:

Address: Street, No. Town ZIP Country

Telephone: E-mail: WWW:

Date of birth:

Student: Yes No

----- **Fill in the applicable category** -----

Implementation

Construction name:

Completion date:

Purpose of the construction:

Construction location*:

*If the construction owner agrees, it is possible to state a contact address

School Work

Study name:

School name:

Atelier director name, surname, academic degree:

Purpose of the study:

Location of the study:

Study

Study name:

Purpose of the study:

Location of the study:

Pursuant to the Act no. 480/2004 Coll., I hereby grant my consent to ABF, a.s. with the processing of my personal data for internal use by ABF, a.s. and the sending of information e-mails about other events organised by ABF.

This consent can be withdrawn at any time by sending an e-mail message with the text „NEZASÍLAT“ (“DO NOT SEND”) TO THE ADDRESS stoplist@abf.cz. The message must be sent from the e-mail address to which the consent granted is to be withdrawn.

By filing the Contest Review application I express my consent with the contest conditions.

In on
Participant's signature