



Project Registration Form

Date: _____

Prepared by: _____

Agency: _____

Project name: _____

Project address: _____

Project City, State, ZIP _____

Estimated qty: _____

Estimated start date: _____

Initial Probability _____

Estimated completion date _____

Type of project: Hotel
(check one) Condominium

Status of construction: Planned New Const.
(check one) Under construction

Planned Renovation

Under Renovation

Other _____

Contact Information:

Architect: _____

Address: _____

Address 2: _____

Contact: _____

Phone: _____

Fax: _____

eMail: _____

Interior Design Firm: _____

Address: _____

Address 2: _____

Contact: _____

Phone: _____

Fax: _____

eMail: _____

General Contractor: _____

Address: _____

Address 2: _____

Contact: _____

Phone: _____

Fax: _____

eMail: _____

Developer/Owner: _____

Address: _____

Address 2: _____

Contact: _____

Phone: _____

Fax: _____

eMail: _____

Purchaser/Buyer: _____

Address: _____

Address 2: _____

Contact: _____

Phone: _____

Fax: _____

eMail: _____

For office use only:
Project registration #: _____

Entry date: _____