

# 2010 SAUL GOLDIN MEMORIAL LIGHTING DESIGN COMPETITION

## ENTRANT CONTACT INFORMATION

(Please place this form in an envelope taped to the back of presentation board)

Entrant Name: \_\_\_\_\_

IES MEMBER ( Y / N ) \_\_\_\_\_

Address \_\_\_\_\_

Phone (contact on day of competition) \_\_\_\_\_

E-MAIL \_\_\_\_\_

School Name \_\_\_\_\_

Instructor \_\_\_\_\_

Deaprtment \_\_\_\_\_

School Address \_\_\_\_\_

School Fax Number \_\_\_\_\_

Instructor's email \_\_\_\_\_

Address after Graduation \_\_\_\_\_

Phone after Graduation \_\_\_\_\_

**After judging is completed, all students will be notified via phone.  
If you are selected as a finalist and you do not respond to calls  
within 30 minutes, your final competition spot will be awarded to  
the next highest scoring student!**