



To be completed by the designer(s) of the project
ARCHIPRIX CENTRAL EUROPE APPLICATION FORM

please confirm your participation as soon as possible in any case before August 25 2020
Send this form to: info@archiprixcentral.eu

GRADUATION PROJECT

Project Title: _____
Project location: Country: _____ City: _____
Tutors: _____

Disciplines: Architecture Urban design Landscape architecture
Category: (you can choose one or more items to characterise your project, choose at least one)
 housing health prison school office industry shopping sport cultural leisure
 religion mixed use infrastructure airport station harbour park modern
 post modern high tech regional eco re-use transformation metropole city
 suburb village mountain water small medium large extra large

DESIGNER (CONTACT PERSON)

First name/Prefix/Surname: _____
Address: _____
Date of birth: (yyyy.mm.dd) _____ Male Female
Phone: _____ Mobile phone: _____
Fax: _____ E-mail: _____

CO-DESIGNER(S)

First name/Prefix/Surname: _____
Mobile: _____ E-mail: _____
First name/Prefix/Surname: _____
Mobile: _____ E-mail: _____
First name/Prefix/Surname: _____
Mobile: _____ E-mail: _____

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Signature: _____