



# 2014 Excellence in Marketing Awards

## Entry Cover Page

Include one complete cover page for each entry. Please print or type.

### ENTRANT INFORMATION

Entry Title \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**CLIENT/AGENCY INFORMATION**     This is my client     This is my agency

*Only fill out this section if work for entry being submitted was performed by an agency or consultant.*

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### ELIGIBILITY STATEMENT

I certify that, to the best of my knowledge, all of the information contained in this cover page and accompanying entry form is correct and meets all eligibility requirements. I have read and agree to the Rules for Entry.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT INFORMATION

*(Payment must accompany entry.)*

Amount due for EACH entry:     CVAAMA Member \$50     Non-Member \$100

Enclosed is my check for \$ \_\_\_\_\_    Please charge my:     Visa     MasterCard     Discover

*Entrants dropping off entry on designated day may opt to pay via credit card on site.*

Name on card \_\_\_\_\_

Card # \_\_\_\_\_ Security # \_\_\_\_\_

Billing address if different from above \_\_\_\_\_

**centralvaama.org**

For CVAAMA use: Entry # _____ Paid <input type="checkbox"/>
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