

University of New Mexico
School of Medicine

Memorial for North Campus
DESIGN COMPETITION
REGISTRATION FORM

NAME: (*First*) _____ (*Last*) _____

MAILING ADDRESS:

TELEPHONE NUMBER(S):

E-MAIL:

ARE YOU CURRENTLY ENROLLED WITH A GRADUATE PROGRAM AT THE SCHOOL OF ARCHITECTURE AND PLANNING?

- YES _____ NO _____
- IF 'YES' (ABOVE) LIST THE PROGRAM AND ANTICIPATED DATE OF GRADUATION.
- IF 'NO' (ABOVE), INDICATE YOUR PROFESSIONAL DEGREE, INSTITUTION, AND DATE CONFERRED.

ARE YOU A MEMBER OF THE NM/AIA'S YOUNG ARCHITECTS FORUM (YAF)?

- YES _____ NO _____

IF YOU ARE CURRENTLY EMPLOYED IN A PROFESSIONAL DESIGN FIRM, PUBLIC AGENCY, OR NON-PROFIT ORGANIZATION, PLEASE PROVIDE THE NAME BELOW.

SIGNATURE

DATE

[Enclose a check, payable to the UNM Foundation/School of Medicine, in the amount of \$10.00. Submit completed form with payment to Prof. RL Schluntz, Competition Advisor, School of Architecture and Planning, 2401 Central Avenue NE, MSC 04 2530; Albuquerque, NM 87131-0001]