

Healthcare Interiors Digest

HEALTHCARE INTERIORS DIGEST

The ultimate resource.

DESIGN SHOWCASE SUBMISSION FORM

Please fill out form completely. Each Showcase must be submitted separately.
A non-refundable layout and first year publication fee of \$2,250.00 is due with this form.

CONTACT INFORMATION *(This is how it will appear in the Source Guide)*

Company _____ Web _____
Address _____ Suite/Bldg _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____ E-mail _____

SUBMISSION COORDINATOR

Last _____ First _____
Phone (____) _____ Fax (____) _____ E-mail _____

PROJECT NAME _____

Type of Project

- New Remodel Addition Conversion
 Work-in-Progress Other, please describe: _____

Type of Space

- Patient Room Administrative Fitness Center Outpatient Center
 Emergency Room Rehab Center Dental Care Lobbies/Entrances
 Diagnostic/Imaging Center Common Area Vision Care Chapel
 Other, please describe: _____

SUBMIT YOUR PROJECT

Please send your materials to be reviewed for publication in hard copy as well as on a CD (PC format) labeled with the project name. Mail in an appropriate envelope along with this submission form and non-refundable layout and first year publication fee to:

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Signature: _____ Date: _____

Please call 626.254.0545 if you have any questions.