



2019 Spotlight Awards Entry Form

INSTRUCTIONS: Welcome to the 2019 Spotlight Awards! Simply complete this form for each entry being submitted into this year's competition. **We recommend using Adobe Acrobat 9 or higher in order to enable the interactive functions of this form.** Completed forms can be submitted many ways: a) printed and mailed with the entry to the above address; b) printed and FAXED to the above FAX number; c) emailed via the above link; or d) uploaded at www.lacp.com/upload Results will be sent via e-mail, posted online, and shipped via UPS (as applicable). Good luck in this year's competition! Support is available at www.lacp.com/support

Demographic Information

COMPANY SIZE

(AGENCIES: SIZE OF CLIENT ORGANIZATION)

- Up to 100 Employees
 100 - 1,000 Employees
 1,000 - 10,000 Employees
 10,000+ Employees

GROSS REVENUE (BANKS: ASSETS, GOVERNMENT: BUDGET)

(AGENCIES: REVENUE OF CLIENT ORGANIZATION)

- Up \$10 Million
 \$10 - \$100 Million
 \$100 Million - \$1 Billion
 \$1 - \$10 Billion
 \$10+ Billion

Project/Publication Information

PROJECT NAME:

FORMAT:

PARTICIPATION LEVEL (SELECT ONE)

SEE ENTRY FORM AT LACP.COM FOR DETAILS

- PREMIUM PLUS:** Spec. Achieve. + Top 50 + General Competition + Shipped Kit + "Complete" & "Premium Plus" Benefits.
 PREMIUM: Special Achievement + Top 50 + General Competition + Shipped Kit + "Complete" & "Premium" Benefits.
 COMPLETE*: Special Achievement Consideration + Top 50 + General Competition + Shipped Kit + "Complete" Benefits.
 BASIC: General Competition + Shipped Results Kit. * Default if none other selected.
 ECONOMY: General Competition Only. Results available online and via e-mail.

E-DELIVERY OF COMPETITION MATERIALS: I will upload my materials at <http://lacp.com/upload> Do not send a kit†

Entrant Information

† International shipping charges will be waived.

Company _____
Agency _____

Company Website _____
Agency Website _____

Billing / Shipping Information

Name _____
Company _____
Address _____
City _____
Phone _____

State/Province _____
Zip/Postal Code _____
Country _____
Contact is with: Company Agency
E-mail _____

Registration Fees

Overall Entry Fee (Required) _____
Additional Industries, Categories & Services _____
Total _____

Payment

Credit Card--See Below
 Check/Bill Me/Wire Transfer
Payments must be received before results are released.
Credit Card Type _____
Card Number _____
Security Code: _____ Expiration Date (MM/YY) _____
Cardholder Name _____

Please note that this total is only an estimate based on this form properly operating in Adobe Acrobat 9 or higher. Refer to full entry form for exact pricing. An additional shipping fee for entrants outside of the U.S. may apply based on the number of submissions and destination--see lacp.com for details