# NEW PRODUCT AWARDS SHOWCASE ENTRY FORM

## DEADLINE FOR ENTRY FORM IS MAY 24, 2019

- This special display area will be created to highlight and preview new products offered by our exhibitors.
- Each entry receives a sign with product name, company, booth number and a brief description. All entries subject to show management approval.
- Use one entry form per new product. You may enter this product in multiple Award Categories if applicable.
- Complete the submission process by visiting visionaryaward.artcall.org for complete details and follow the instructions to submit your product for judging in the Visionary New Product Awards.

Products larger than 4’ in length, 60” in height and/or 20” in depth will not fit in the display cases and will need to have a photo, model or sample submitted in place of the product. (Space restriction may change dependent upon number of entries. Products accepted upon a first-come first-serve basis.)

**NAME OF PRODUCT:**

**SUB-CATEGORY** - Check one:
- Product Innovation
- Productivity
- Green/Environmental
- Ergonomics/Safety

**CATEGORY - Check one:**
- Components
- Software
- Raw Materials
- Plastics Machinery/Supplies
- Tooling

**Machinery under $50,000**
- Machinery over $50,000
- Industry 4.0
- Power Tools
- Hardware
- Other:______________

**No. of entries:_____ x Rate $____ = Total: $_______**

**Entry Fees:** $175 Members and $200 Non-Members per each Visionary New Product Entry.

Any entries submitted after the deadlines, if accepted, will be charged an additional $50 late fee and the entry sign will only contain the product name, company and booth number.

- Check enclosed (Payable to AWFS) $_________
- Mail to: AWFS®, 2400 E Katella Ave, Suite 340, Anaheim, CA 92806
- Credit Card Payment (may be faxed to: 323-838-9443 or mailed). If faxing, be sure to call 323-838-0305 to confirm receipt.

**Card Type:** [ ] Visa [ ] Mastercard [ ] AmEx

Credit Card Amount $_________

Card Number ____________________________ Exp. Date __________

Cardholders Name __________________________

Address __________________________________________

City __________________________ State ______ Zip ______

Cardholders Signature __________________________ Date __________

Card Billing Address __________________________ City: __________ State: __________

Cardholders Email: __________________________

**Return to:** AWFS®Fair, 2400 E Katella Ave, Suite 340, Anaheim, CA 92806
Phone: 800-946-(AWFS)2937 (in the U.S.); Fax: 323.838.9443

FOR AWFS® OFFICE USE ONLY Form Checked by: __________________________ Date: __________