



# 2024 Vista Application

Please provide all requested information. Incomplete applications will render your entry ineligible for review. All information must be typed. All information provided will be used for award preparation; be sure all information is accurate.

**TEAM AWARD** (Please check the award category for your submission. Include appropriate documentation as indicated.)

- ☐ New Construction  
☐ Renovation  
☐ Infrastructure

Project Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City/State or Province/ZIP or Postal Code \_\_\_\_\_

## PROJECT INFORMATION

Number of square feet: \_\_\_\_\_

Number of beds: \_\_\_\_\_

Projected budget: \_\_\_\_\_

Actual cost: \_\_\_\_\_

## CONSTRUCTION SCHEDULE

Start date: \_\_\_\_\_

Projected completion date: \_\_\_\_\_

Actual completion date: \_\_\_\_\_

## MAIN CONTACT INFORMATION

(Individual who functions as the liaison between ASHE and the project team)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Team role

\_\_\_\_\_  
Firm/organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State or Province/ZIP or Postal code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Cell

\_\_\_\_\_  
E-mail

## PAYMENT INFORMATION

ENTRY FEE IS NON-REFUNDABLE.

☐ \$425 – entries received by September 1, 2023

Please include a check or money order, made payable to AHA/ ASHE

Please indicate check number \_\_\_\_\_

## SEND ENTRIES TO

American Society for Healthcare Engineering  
Attention: Vista Entry (C. Osborne)  
155 N. Wacker Drive, Suite 400  
Chicago, IL 60606  
cosborne@aha.org

**For ASHE Staff** — 312VISTA21 — Date Received \_\_\_\_\_



# 2024 Vista Team Members

## TEAM MEMBER #1

Team member name #1

Title

Team role/contribution to the project

Firm/organization

Address

City/State or Province/ZIP or Postal code

Telephone

Fax

E-mail

## TEAM MEMBER #2

Team member name #2

Title

Team role/contribution to the project

Firm/organization

Address

City/State or Province/ZIP or Postal code

Telephone

Fax

E-mail

## TEAM MEMBER #3

Team member name #3

Title

Team role/contribution to the project

Firm/organization

Address

City/State or Province/ZIP or Postal code

Telephone

Fax

E-mail

## TEAM MEMBER #4

Team member name #4

Title

Team role/contribution to the project

Firm/organization

Address

City/State or Province/ZIP or Postal code

Telephone

Fax

E-mail

## TEAM MEMBER #5

Team member name #5

Title

Team role/contribution to the project

Firm/organization

Address

City/State or Province/ZIP or Postal code

Telephone

Fax

E-mail

## TEAM MEMBER #6

Team member name #6

Title

Team role/contribution to the project

Firm/organization

Address

City/State or Province/ZIP or Postal code

Telephone

Fax

E-mail