2025 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 August 31, 2024

Please include a check made payable to AHA/ ASHE Please indicate

check number _____

SEND ENTRIES TO
American Society for Healthcare Engineering Attention: Vista Entry (E. Horng)
155 N. Wacker Drive, Suite 400
Chicago, IL 60606

2023 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