

Entry # _____ **Category** _____

BMA Houston Lantern Awards Entry Form

Attach one (1) copy of final entry form to back of each mounted entry. Make payment online.

BMA Member: Y / N

First-time Entrant: Y / N

Agency: Internal / External

Non-profit: Y / N

Submitting Contact Name _____

Submitting Company _____

Daytime Tel _____ **After Hours Tel** _____ **Email** _____

Physical Address _____

City _____ **State** _____ **Zip** _____

(if applicable/possible) **URL provided** _____

File Uploaded: Y / N

Target Audience

Name/Description of Featured Product or Service

Statement of Purpose/Strategy

Methods of Research and Results