**Design Review:**

**Project Registration Form 2020**

Date of requested review meeting:

Please complete all of this registration form and include the details and contact information of the person responsible for making payment.

|  |  |
| --- | --- |
| **Scheme Information** |  |
| **Name of Project** |  |
|  |  |
| **Site Address:** | |
| **Brief Project Description:**  **Design Team:** | |

|  |  |
| --- | --- |
| **Invoice Details** | |
| **Name** |  |
| **Company Name (if applicable)** |  |
| **Full Address** |  |
| **Postcode** |  |
| **Purchase Order Number (if required)** |  |
| **Telephone Number** |  |
| **Email address** |  |

Once completed please return this form by email to [richard.tracey@placesmatter.co.uk](mailto:richard.tracey@placesmatter.co.uk)

You will then receive an invoice from RIBA with instructions on how to pay. Once payment has been received the date of your Design Review will be confirmed.