



TOBY Awards 2020

Local Entry Form

Fax completed form to BOMA at (612) 340-9744 or email to ml@bomampls.org by noon on Friday, September 13, 2019.

Building Name: _____

(All buildings entered in the competition must be dues-paying BOMA buildings)

Location: _____

(Street Address, City, State, Zip Code)

Competition Contact Name: _____ **Email:** _____

Management Company: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Building Description (maximum 125 words):

TOBY Category

Please check only one category below.

- | | |
|--|--|
| <input type="checkbox"/> Renovated Building | <input type="checkbox"/> Under 100,000 Square Feet |
| <input type="checkbox"/> Historical Building | <input type="checkbox"/> 100,000 - 249,999 Square Feet |
| <input type="checkbox"/> Corporate Facility | <input type="checkbox"/> 250,000 - 499,999 Square Feet |
| <input type="checkbox"/> Medical Office Building | <input type="checkbox"/> 500,000 - 1 Million Square Feet |
| <input type="checkbox"/> Suburban Office Park (Low-Rise) | <input type="checkbox"/> Over 1 Million Square Feet |
| <input type="checkbox"/> Suburban Office Park (Mid-Rise) | |
| <input type="checkbox"/> Industrial Office Building(s) | |
| <input type="checkbox"/> Retail | |
| <input type="checkbox"/> Earth Award | |
| <input type="checkbox"/> Public Assembly Buildings | |
| <input type="checkbox"/> Mixed-Use Category | |

Please provide the following information. Please note if position title should be different.

Building Owner: _____

General Manager: _____

Senior Property Manager: _____

Property Manager: _____

Chief Engineer: _____

Other (printed in brochure as space allows): _____

I agree to pay the \$125 local entry fee. Please check payment method below.

- Invoice me (please make checks payable to BOMA Greater Minneapolis)
- Please use the following credit card information to charge me:
If you are including credit card information on this form, please send via fax or mail rather than email.

Credit Card #	Exp	Total Amount

Billing Address	City	Zip
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Signature

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only.

**Entry forms are due to the BOMA office by noon on
Friday, September 13, 2019!**

Fax completed form to BOMA at (612) 340-9744 or email to ml@bomampls.org.

Along with your entry form, please email a .jpg or .psd image of your building to ml@bomampls.org. All images must be high quality and at least 300 dpi.

Building Service Providers

BOMA prepares a marketing brochure for the Best of BOMA gala, showcasing all TOBY entrants. We will be inviting your building's service providers to be recognized for their service to the Twin Cities premier buildings by sponsoring an ad in the brochure. Please complete this form with contact information for your service providers. We do not contact your building's service providers unless they are on this list.

Electrical Contractor

Company Name
Contact Name
Phone
Email Address

Parking

Company Name
Contact Name
Phone
Email Address

Elevator Services

Company Name
Contact Name
Phone
Email Address

Roofing

Company Name
Contact Name
Phone
Email Address

General Contractor

Company Name
Contact Name
Phone
Email Address

Security

Company Name
Contact Name
Phone
Email Address

HVAC Contractor

Company Name
Contact Name
Phone
Email Address

Waste Management

Company Name
Contact Name
Phone
Email Address

Janitorial Services

Company Name
Contact Name
Phone
Email Address

Window Cleaning

Company Name
Contact Name
Phone
Email Address

Landscaping

Company Name
Contact Name
Phone
Email Address

Other (please specify)

Company Name
Contact Name
Phone
Email Address

Life Safety

Company Name
Contact Name
Phone
Email Address

Other (please specify)

Company Name
Contact Name
Phone
Email Address