



Note: Applicants must be a design principal of the firm.

PERSONAL INFORMATION

Designer Name:						
Firm Name:						
Address:			Suite:			
City:			State:		Zip:	
Phone:			Fax:		Cell:	
Email:						
Website:						

DESIGN PROFILE

PERSONAL PROFILE

Years Experience:	
Education/Degrees:	
Sales Tax License #:	
Affiliations:	
Awards/Published Articles:	
Other:	

DESIGN EXPERIENCE (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial Contract Office |
| <input type="checkbox"/> Government Institutional | <input type="checkbox"/> Hospitality Restaurant |
| <input type="checkbox"/> Health Care Medical | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> New Construction | |

SPECIALTIES (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Space Planning CAD | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Kitchen Bath | <input type="checkbox"/> Paint Color Consulting |
| <input type="checkbox"/> Architectural Plans | <input type="checkbox"/> Landscaping Outdoor |
| <input type="checkbox"/> Window Coverings | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Green Eco | |

GENERAL QUESTIONS

Do you have business insurance? Yes No
(include copy with application - if you do not have insurance you may still apply as long as you agree to purchase if selected)

Do you have a client contract or letter of agreement? Yes No
(copy must be included with application)

Do you have a portfolio | brochure | presentation photos? Yes No
(you will need to provide interior images and professional headshot once accepted into the program)

Do you have a retail business associated with your design business or are you employed by a retail store? Yes No
(If yes, please explain:)

Please list any manufacturers that are represented in the ADC that you purchase from directly. Yes No

REFERENCES

Please list below any ADC showrooms from which you have purchased merchandise in the past year.

Showroom Name:	
Showroom Name:	
Showroom Name:	
Showroom Name:	
Showroom Name:	

TERMS OF AGREEMENT

Would you participate in showroom events and occasional seminars for networking with other members and discussions of issues that arise?

Yes No

If selected, do you agree to the following criteria? (required):

To be available via cell phone to facilitate an "off the floor" sale through the 'Designer On Call' buying service?

Yes No

Agree to a fee structure for any *off the floor purchases* made through the buying service?

Yes No

Offer a complimentary one-hour meeting at the ADC with a qualified customer?

Yes No

Understand that the purpose of the program is to increase exposure and sales at the ADC and designers must focus their efforts towards purchases of products found at the ADC?

Yes No

Agree to pay the yearly fee associated with the program?

Yes No

*the annual fee for 2012 is \$350

Agree to share all design connection client activity with the ADC on a quarterly basis?

Yes No

Signed

Date

After you have completed this form, please return it to a showroom at the ADC, email to selena@arlingtondesigncenter, or mail to : Arlington Design Center, 3441 N. Ridge Avenue, Arlington Heights, IL 60004. Attn: Selena Muraski | Designer Portfolio
Phone: (847) 394-1373x26 Fax: (847) 387-3842

The final selection of members will be made by the showrooms from the list of designers meeting the criteria and you will be notified upon approval. All applicants will be reevaluated on an annual basis.