|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Country:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone No.:** | Click or tap here to enter text. |
| **Did you mail a model?:** | **Yes**[ ]  **No** [ ]  |
| **Title of Submission:** | Click or tap here to enter text. |
| **Brief Description:** |  |
| Click or tap here to enter text. |

**Insert optional drawing/image of model/rendering here**

Please send as a PDF with your entry